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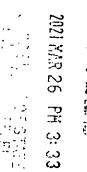
(Re	equestor's Name)	<del></del>	
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificate	s of Status	
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## COVER LETTER

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TO: Registration So Division of Co						
SUBJECT: Fifth Ad	· vertising Technologies, Ir	nc.				
	Name of co	rporation - 1	nust include suffix	·		
Dear Sir or Madam:						
The enclosed "Applica "Certificate of Existent above referenced foreign	ce," or "Certificate of G	iood Standir	ig" and check are subn	t Business in Flo nitted to register	nida," the	
Please return all corres Lisa Peterson	pondence concerning th	nis matter to	the following:			
		Name of Per	son			2021
Fifth Partners Management, LLC				3		
	ŀ	irat/Compa	ny		<del></del>	20
1786 East Millereck Way	<b>,</b>				•	σ
Address				7		
Millereck, UT 84106				မှာ မှ		
City/State and Zip code				ယ		
lpeterson@futhpartners						
	E-mail address: (to	be used for	future annual report ne	otification)		
For further information	concerning this matter	, please call:	:			
Lisa Peterson	at (	503	706-8358			
Name of Perso	on /	Area Code	Daytime Telepho	one Number	_	
Registration Se Division of Co The Centre of	rporations Fallahassee oc Street, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction perations		
Enclosed is a check for Please make check payab ☐ \$70,00 Filling Fee	the following amount: le to: FLORIDA DEPAR	: & 🔲 S'	FSTATE 78.75 Filing Fee & Pertified Copy	S87.50 Filin Certificate	ng Fee, of Status &	

Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(Enter name of c	ig Technologies, Inc.  orporation; must include "INCORPORATED,"  orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	<del></del>		
mc., Co C	orp, rac, Co, or Corp. )				
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flo	orida)		
2. Delaware	3 8	6-1714197			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
4, 01/25/2021	5.				
(Date	4. (Date of incorporation) 5. (Date of duration, if other than perpetual)				
6. The company h.	as not yet transacted any business				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		!;	2021 MAR	
7. <sup>16400</sup> Dallas Par	kway, Suite 305, Dallas, Texas 75248		· · · · · · · · · · · · · · · · · · ·	25	•
	(Principal office	street address)		R 26	i
	(Current mailing	address, if different)		P. P.	3
8. Name and street	et address of Florida registered agent; (P.O.	Box NOT acceptable)		ယ္ ယ္	
Name:	CT Corporation System			-	
Office Address:	1200 SOUTH PINE ISLAND ROAD	<u>.</u>			
	Plantation	, Florida 33324			
	(City)	(Zip code)			
9. Registered ag	ent's acceptance:				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Demse Bell, Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors (up to six (6) total)

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•	
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A. DIRECTORS						
FlChairman	Name: Leffrey C. Brownlow	[]Chairman	Name			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■ Director	Suite 305	DDirector				
( <sup>-</sup> )President	Dallas, Texas 75248	□President				
□Vice President		□Vice President				
□ Secretary	("Treasurer	□ Secretary		□Treasurer		
□Other		□Othet		□Other		
(DChairman	Matthew Mathison	∐Chauman	Name:			
LJVice Chairman	16400 Dallas Parkway					
Director	Suite 305	[ ]Director				
□President	Dallas, Texas 75248	ClPresident			· ,	<u>il 120</u> Ž
□Vice President		□Vice President			•,•	
□ Secretary	[]]Treasurer	ElSecretary		∐Treasmer	, .	2
□Other	□Othet	DOther		Other	104 	고 고
LIChairman	Name:	□Chauman	Name:			رين در
	Address.	□ Vice Chairman				
○Director		Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	[] Ireasurer	□Secretary		□Treasurer		
□Other		LlOther	<u>.</u>	□Other		
Important Notice individuals may be	Ose an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of	ent of State Annual Re	port form.			
	Signature of Director of	or Officer				
she is aware that for 817,155, F.S.	ctor signing this document (and who is listed in number ilse information submitted in a document to the Depart	er 11 above) affirms th timent of State constitu	at the facts state tes a third degre	d herein are true : e felony as prova	and that he ded for in	. ot
Matthew Ma	athison, Director					

(Typed or printed name and capacity of person signing application)

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIFTH ADVERTISING TECHNOLOGIES, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

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Authentication: 202805510

Date: 03-23-21