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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\frac{2}{2}$

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION THE GIDDYUP GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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

	roup, Inc.		<u> </u>
	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	PRATED," "COMPANY," "CORPORATION,"	
(If name unavails	ible in Florida, enter alternate corpor	rate name adopted for the purpose of transacting business in Flo	prida)
Delaware		3.	
(State or country under the law of which it is incorporate		3. (FEI number, if applicable)	1
			<u> </u>
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
01/01/2021			<u> </u>
<u> </u>	(SEE SECTIONS 607.1501	business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liability)	
20 N. Oak Street,	Ventura California 93001		<u> </u>
	(Pri	ncipal office street address)	
N/A		rent mailing address, if different)	·
	`		- 1
		(D O Dow NOT acceptable)	1
Name and stree		gent: (P.O. Box <u>NOT</u> acceptable)	
Name and street Name:	Capitol Corporate Services, Inc.	gent: (P.O. Box <u>NOT</u> acceptable)	
Name:			
Name:	Capitol Corporate Services, Inc.		
Name:	Capitol Corporate Services, Inc. 515 F. Park Ave. Floor 2	, Florida 32301 (Zip code)	
Name: ffice Address: Registered againing been names ignated in this states agree to contact the states agree the stat	Capitol Corporate Services, Inc. 515 E. Park Ave. Floor 2 Tallahassee (City) ent's acceptance: and as registered agent and to accept the comply with the provisions of all r with and accept the obligations	, Florida 32301 (Zip code) cept service of process for the above stated corporation of appointment as registered agent and agree to act in this statutes relative to the proper and complete performance of my position as registered agent. Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.	г сарасиў
Name: fice Address: Registered agaving been namsignated in this rther agree to call am familian	Capitol Corporate Services, Inc. 515 E. Park Ave. Floor 2 Tallahassee (City) ent's acceptance: and as registered agent and to accept the comply with the provisions of all r with and accept the obligations (Registered	, Florida 32301 (Zip code) cept service of process for the above stated corporation of appointment as registered agent and agree to act in this statutes relative to the proper and complete performance of my position as registered agent. Kim Tadlock, as Asst. Secretary on behalf of	e of my d

A. DIRECTORS				
Chairman .	Christopher Grant Name:	Chairman	Name: Justin Grant	
□Vice Chairman	Address:	☐Vice Chairman	Address: 20 N. Oak Street	
Director	Ventura, CA 93001	■Director	Ventura, CA 93001	
© Priesident	· · · · · · · · · · · · · · · · · · ·	President		
☐ Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Socretary	☐ Tréasurer	
□Other	□Other	□Other	Other	
□Chairman □Vice Chairman	Name: Eric Schechter 20 N. Oak Street Address: Ventura, CA 93001	□Chairman □Vice Chairman	Name: Todd Armstrong Name: 20 N. Oak Street Address: Ventura, CA 93001	
Director		Director		
☐ President		☐ President		
□Vice President		☐Vice President		
Secretary	☐Ticesurer	Secretary	☐Treasurer:	
□Other		□Other	Other	
□Chairman □Viće Chairman	Name: Alan Reinhart Name: 20 N. Oak Street Address:	□Chairman □Vice Chairman	Name:	
■ Director	Ventura, CA 93001	Director		
☐ President		□President		
□ Vice President		OVice President		
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer	
□Other		00ther	□ Other	<u> </u>
important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided a 817.155, F.S.				
Christopher Grant, Chairman of the Board				
	(Typed or printed name and caracity of no	recon elemine amplication	1)	

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THE GIDDYUP GROUP, 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 TWELFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE GIDDYUP

GROUP, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.

7168601 8300 SR# 20211261906

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MSQ

Authentication: 202946038

Date: 04-12-21