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K Brumbley

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: Beagle Services Inc.			
3013	Nan	ne of corporation - r	nust include suffix	
Dear S	Sir or Madam:			
"Certif	iclosed "Application by Foreign ficate of Existence." or "Certific referenced foreign corporation t	ate of Good Standir	g" and check are subm	Business in Florida." itted to register the
Please	return all correspondence conce	erning this matter to	the following:	
Tracy	L. Schrey			
		Name of Per	son	•
Valens	Business Services, LLC			
		Firm/Compa	ny	
15421	Georgia Oak Place			
		Address		
Winter	Garden, FL 34787			
		City/State and	Zip code	
rani@l	beagleservices.com	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	future annual report no	+:Gastion
	E-mail add	ress: (to be used for	ruture annuar report no	inication)
For fu	rther information concerning thi	is matter, please call	:	
Tracy	L. Schrey	717	877-1376	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please	sed is a check for the following make check payable to: FLORIDA 0.00 Filing Fee	A DEPARTMENT Of String Fee &	F STATE 178.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate 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.

Beagle Services Inc.							
(Enter name of co	orporation: must include "INCORPORATED," "orp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,"					
(If name unavails	ible in Florida, enter alternate corporate name ado		ness in Florida)				
2. DE	-1595506						
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)					
4 1/21/2021	5						
	of incorporation)	(Date of duration, if other than perpetual)					
6.							
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502						
7. 1365 Cottonwood	Ter., Dunedin, FL 34698						
	(Principal office	street address)					
	(Current mailing a	ddress, if different)	1000 1000 1000				
8. Name and street	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	I HAY				
Name:	Capitol Corporate Services, Inc.	<u> </u>	-				
Office Address:	515 EAST PARK AVENUE 2ND FL	_	MHO: 09				
	TALLAHASSEE	, Florida 32301): 0 <u>:</u>				
	(City)	(Zip code)	9				

9. Registered agent'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.

Delanie Case, asst sec

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.

A. DIRECTORS			
Chairman	Name: Paul Vacquier	□ Chairman	Name: Roni Alymad
□ Vice Chairman	Address: 401 Wilshire Blvd. 12th Floor	☐ Vice Chairman	Address: 401 Wilshire Blvd. 12th Floor
□Director	PMB#925	□Director	PMB#925
□President	Santa Monica, CA 90401	■ President	Santa Monica, CA 90401
□Vice President		□Vice President	
Secretary	□Treasurer	☐Secretary	□Treasurer
☐Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□ Vice Chai⊓nan	Address:
□Director		□Director	
□President		□President	
□ Vice President		□Vice President	
☐Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□Chaiπnan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□ Vice President		□ Vice President	
☐ Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme Signature of Director of	mt of State Annual Ro	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEAGLE SERVICES 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 SIXTH DAY OF MAY, A.D. 2021.

Authentication: 203140692

Date: 05-06-21