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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

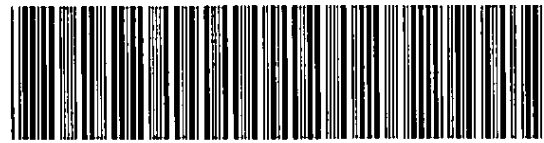
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HDIP INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chris M. Bauer, Esq.

Name of Person: DUNLAP & MORAN, P.A.
Firm/Company:
Address: 22 S. Links Ave, Suite 300
City/State and Zip code: Sarasota, Florida 34236
E-mail address: cbauer@dunlapmoran.com

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For further information concerning this matter, please call:

Chris M. Bauer, Esq. at (941) 309-1330
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section, Division of Corporations, The Centre of Tallahassee, 2415 N. Monroe Street, Suite 810, Tallahassee, FL 32303
MAILING ADDRESS: Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$70.00 Filing Fee
\$78.75 Filing Fee & Certificate of Status
\$78.75 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.

1. HDIP INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OREGON 3. 46-0885278
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-14-2011 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20407 Christmas Rdg, Bend, Oregon 97702
(Principal office street address)

Same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John A. Moran, Esq.

Office Address: 22 S. Links Ave, Suite 300

Sarasota, Florida 34236
(City) (Zip code)

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.

[Handwritten signature]
(Registered agent's signature)

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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A. DIRECTORS

Chairman Name: Ned Matteson
 Vice Chairman Address: 20407 Christmas Rdg
 Director Bend, Oregon 97702
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Ned Matteson
 Vice Chairman Address: 20407 Christmas Rdg
 Director Bend, Oregon 97702
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: N/A
 Vice Chairman Address: N/A
 Director N/A
 President N/A
 Vice President N/A
 Secretary _____ Treasurer _____
 Other _____ Other _____

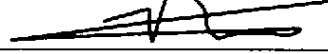
Chairman Name: N/A
 Vice Chairman Address: N/A
 Director N/A
 President N/A
 Vice President N/A
 Secretary _____ Treasurer _____
 Other _____ Other _____

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Chairman Name: N/A
 Vice Chairman Address: N/A
 Director N/A
 President N/A
 Vice President N/A
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: N/A
 Vice Chairman Address: N/A
 Director N/A
 President N/A
 Vice President N/A
 Secretary _____ Treasurer _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. X  _____
 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 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.

13. Ned Matteson, President
 (Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 765R171T9

I, *SHEMIA FAGAN, SECRETARY OF STATE* and Custodian of the Seal of said State, do hereby certify:

HDIP INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

5/6/2021

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