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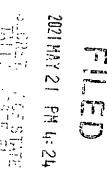
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### COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HDIP INC.					
Nan	ne of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Stand	ding" and check are sub	ct Business in Florid mitted to register th	da," ie	
Please return all correspondence conce	rning this matter	to the following:		20	
Chris M. Bauer, Esq.			245	1211	erine:
	Name of F	Person		3. <del>=</del> <	entrara . \$ \$
DUNLAP & MORAN, P.A.			-	2	j j
	Firm/Com	pany	. 7. 7	P	
22 S. Links Ave, Suite 300			्तर,	F	
Sarasota, Florida 34236	Addre	SS	- <del></del>	Cī N	
	City/State ar	id Zip code			
ebauer@dunlapmoran.com					
E-mail addre	ess: (to be used fo	or future annual report of	otification)		
For further information concerning this	matter, please ca	all:			
Chris M. Bauer, Esq.	94] at (	309-1330			
Name of Person	Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations r		
Enclosed is a check for the following at Please make check payable to: FLORIDA  \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	DEPARTMENT (	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Cop	Status	s.

## 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.

corporation; must include "INCORPORATI Corp," "Inc." "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION."			•
ilable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting but	siness in F	lorida)	
	3	46-0885278			
try under the law of which it is incorporated	)	(FEI number, if applica	ble)		
	5.	Perpetual			
e of incorporation)	<u>.</u>	(Date of duration, if other than	perpetual)		•
			<u>.</u> .	202	
s Rdg, Bend, Oregon 97702				= ::	بعدا
(Principal	offi	ce <u>street</u> address)			• 1
				2	-~ t
(Current ma	ilin	g address, if different)	7.5.5. 7.5.6.	ים:	-
	P.C	). Box <u>NOT</u> acceptable)		<b>4: 25</b>	'د۔ِ.
John A. Moran, Esq.					
22 S. Links Ave, Suite 300					
Sarasota		Florida 34236			
(City)		(Zip code)			
	Corp," "Inc." "Co," or "Corp.")  ilable in Florida, enter alternate corporate native under the law of which it is incorporated.  (Date first transacted busines.  (SEE SECTIONS 607.1501 & 60 s Rdg, Bend, Oregon 97702  (Principal  (Current material address of Florida registered agent: ( John A. Moran, Esq.  22 S. Links Ave, Suite 300  Sarasota	Corp," "Inc," "Co," or "Corp.")  ilable in Florida, enter alternate corporate name  3.  try under the law of which it is incorporated)  Coof incorporation)  (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1505 & 607.1501 & 607.1505 & 607	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting but a serious description of the law of which it is incorporated)  [FEI number, if applica of incorporation]  [Oate of duration, if other than (Date of duration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) is Rdg, Bend, Oregon 97702  [Principal office street address]  [Current mailing address, if different]  [Current mailing address, if different]  [Current mailing address, if different]  [Current mailing address]  [Current mailing address]	Corp," "Inc." "Co," or "Corp.")    Corp." "Inc." "Co," or "Corp.")    Corp." "Inc." "Co," or "Corp.")   Corp." "Inc." "Co," or "Corp.")   3.	Corp.," "Inc.," "Co," or "Corp.")  ilable in Florida, enter afternate corporate name adopted for the purpose of transacting business in Florida)  3. 46-0885278  try under the law of which it is incorporated)  5. Perpetual  6 of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  5 Rdg, Bend, Oregon 97702  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  John A. Moran, Esq.  22 S. Links Ave, Suite 300  Sarasota  Florida  Florida  34236

#### 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.

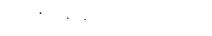
(Registered agent's signature)

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.

A. DIRECTOR					
Chairman	Name: Ned Matteson	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 20407 Christmas Rdg		
□Director	Bend, Oregon 97702	Director	Bend, Oregon 97702		
President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
Other	Other	Other	Other		
□ Chairman	Name: N/A	□ Chairman	N/A Name:		
	N/A		N/A		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	N/A	Director	N/A : 53		
□President		□President			
□Vice President	N/A	□Vice President	O STATE OF THE STA		
□ Secretary	□Treasurer	□ Secretary	Treasurer Fig.		
Other	Other	Other	, 1:		
٠			· 10 (0)		
□ Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director	N/A	□Director	N/A		
□President	N/A	□President	N/A		
□Vice President	N/A	□Vice President	N/A		
Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	Other	Other		
important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed ndividuals may be added to the index when filing your Florida Department of State Annual Report form.  Signature of Director of 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.

Ned Matteson, President



# 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.

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.

SHEMIA FAGAN SECRETARY OF STATE

5/6/2021