

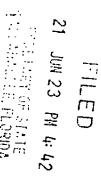
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: East Coast Developmen	t Group, Inc		
——————————————————————————————————————	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.	
Please return all correspondence concerni	ng this matter t	o the following:	
	Name of P	erson	
Dinsmore & Shohl, LLP			
201 N. Franklin St. Ste. 3050	Firm/Comp	any	
Tampa, FL 33602	Addres		
jason.lambert@dinsmore.com	City/State and	Zip code	
E-mail address	: (to be used fo	future annual report notification)	
For further information concerning this m	atter, please cal	1:	
Jason Lambert	813 at (543-9823	
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 amo Please make check payable to: FLORIDA DE	PARTMENT C g Fee &	F STATE 678.75 Filing Fee & Certified Copy Certified Copy 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	corporation: must include "INCORPORATED." Corp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORA"	TION,"		
111011 - CV C	sorp. Hie. Co. of Corp.)				
Virginia	lable in Florida, enter alternate corporate name a	FEI Number			
(State or country under the law of which it is incorporated)		De mantural.			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
•	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02. F.S., to determine penalty li	ability)		
1409 PAUL EA	SON DR, CHESAPEAKE, VA, 23322	•			
					
	(Principal offic SON DR, CHESAPEAKE, VA, 23322	e <u>street</u> address)			
	(Principal offic	e <u>street</u> address) g address, if different)			
	(Principal offic				
1409 PAUL EA	(Principal offic	gaddress, if different)			
1409 PAUL EA	(Principal offices SON DR, CHESAPEAKE, VA, 23322) (Current mailing	gaddress, if different)			
Name and street	(Principal offices SON DR, CHESAPEAKE, VA, 23322) (Current mailing et address of Florida registered agent: (P.O.	gaddress, if different)	21		
Name and street	(Principal officeson DR, CHESAPEAKE, VA, 23322) (Current mailing et address of Florida registered agent: (P.O. Jason Lambert 201 N. Franklin St. Ste. 3050) Tampa	g address, if different) Box NOT acceptable)	21 Jun 2		
Name and street	(Principal officeson DR, CHESAPEAKE, VA, 23322) (Current mailing et address of Florida registered agent: (P.O. Jason Lambert 201 N. Franklin St. Ste. 3050) Tampa	g address, if different) Box NOT acceptable)	FILE 21 Jun 23		
Name and street Name: Registered age	(Principal officeson DR, CHESAPEAKE, VA, 23322) (Current mailing et address of Florida registered agent: (P.O. Jason Lambert 201 N. Franklin St. Ste. 3050 Tampa (City)	g address, if different) Box NOT acceptable) , Florida(Zip code)	FILED 21 JUN 23 PM		
Name and street Name: Tice Address: Registered against been name	(City) (Principal office (Principal office) (Current mailing) (Current mailing) (Current mailing) (Current mailing) (P.O. Jason Lambert (P.O. Jason Lambert (City) (City)	g address, if different) Box NOT acceptable) Florida (Zip code) e of process for the above st	=====================================		
Name and stree Name: Name: Registered age aving been nam signated in this rther agree to co	(Principal officeson DR, CHESAPEAKE, VA, 23322) (Current mailing et address of Florida registered agent: (P.O. Jason Lambert 201 N. Franklin St. Ste. 3050 Tampa (City)	g address, if different) Box NOT acceptable) 33602 Elorida (Zip code) e of process for the above steem as registered agent and alative to the proper and com	=====================================		
Name and stree Name: Street Address: Registered age aving been names ignated in this orther agree to contact the street agreet agree to contact the street agree to contact the street agree the street agreet agree	(City) end as registered agent and to accept service application. I hereby accept the appointment omply with the provisions of all statutes relation.	g address, if different) Box NOT acceptable) 33602 Elorida (Zip code) e of process for the above steem as registered agent and alative to the proper and com	=====================================		

^{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.

DocuSign Envelope ID: 417CAF03-0227-402A-9F72-FB8F048D7696

A. DIRECTORS				
□Chairman	AUDRA BENTON Name:	_ Chairman	Name:	
□Vice Chairman	Address.	_ □Vice Chairman		
□Director	CHESAPEAKE, VA. 23322	Director		
₹President		_ President		
□Vice President		_ □ Vice President		
□Secretary	□Treasurer	□Sccretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name.	Chairman	Name:	
□Vice Chairman	Address:	_ □Vice Chairman		
□ Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	□ Secretary		□Treasurer
□Other	□()ther	□Other		□Other
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		. □Vice President		
□ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other	<u>.</u>	□Other
Docusigne	Se an attachment to report more than six (6). The added to the index when filing your Florida December 5/26/2021	he attachment will be imaged epartment of State Annual Rep	for reporting port form.	surposes only. Non-indexed
12.	Signature of Di	rector or Officer		<u> </u>
The officer or direct she is aware that falls s.817.155, F.S.	or signing this document (and who is listed in se information submitted in a document to the	number 11 above) affirms tha	t the facts state es a third degre	d herein are true and that he or e felony as provided for in

East Coast Development Group, Inc.

Audra Benton

AUDRA BENTON

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That East Coast Development Group, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on May 2, 2012;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 10, 2021

Bernard J. Logan, Clerk of the Commission