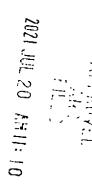
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



600369958056





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Incorporating Services, Ltd.

incserv°

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/20/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 936829

ORDER ENTITY____

CONCEPT DEV GROUP, INC.

| PLEASE PERFORM THE FOLLOWING SERVICES: CONCEPT DEV GROUP, INC. (FL) | |
|--|--|
| File the attached foreign qualification document | |
| NOTES: | |
| \$70.00 Authorized | |
| Email address for annual report reminders: jason@conceptdevgroup.com | |

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 20, 2021 Page 1 of 1

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 "INCORPORATED." corp.," "Inc.," "Co," or "Corp.") | "COMPANY," "CORPORATION," |
|-------------------|---|--|
| (If name unavail | able in Florida, enter alternate corporate name ad | lopted for the purpose of transacting business in Florida) |
| Delaware | 3 | |
| (State or country | y under the law of which it is incorporated) | (FEI number, if applicable) |
| July 8, 2021 | 5. | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) |
| N/A | | |
| | (Date first transacted business in h | Florida, if prior to registration) |
| | | |
| 801 NE 69th Stre | | 2, F.S., to determine penalty liability) |
| 801 NE 69th Stre | eet, Boca Raton, FL 33487 | |
| 801 NE 69th Stre | eet, Boca Raton, FL 33487 | e <u>street</u> address) |
| 801 NE 69th Stre | (Principal office | e <u>street</u> address) |
| 801 NE 69th Stre | (Principal office | e <u>street</u> address) |
| | (Principal office | e <u>street</u> address) |
| Name and stre | (Principal office | address, if different) Box NOT acceptable) |
| . Name and streen | (Principal office (Current mailing et address of Florida registered agent: (P.O. | address, if different) Box NOT acceptable) |
| . Name and stre | (Principal office (Current mailing et address of Florida registered agent: (P.O. Incorporating Services, Ltd. 1540 Glenway Drive | e <u>street</u> address) |

Meliosa A Moreau (Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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]:

A. DIRECTORS Jason Brown □ Chairman □ Chairman 801 NE 69th Street □Vice Chairman Address: Address: ☐ Vice Chairman Boca Raton, FL 33487 Director □Director President President □ Vice President __ □Vice President ■ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □ Other □ Other _____ □Other _____ Name: _____ □ Chairman ☐ Chairman Name: ______ □Vice Chairman Address: ☐ Vice Chairman Address: _____ □ Director □ Director □President ☐ President □Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other ____ ☐Other _____ ☐Other _____ ☐ Chairman Name: □ Chairman Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □Director □ President □ President □Vice President ____ ☐ Vice President □ 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 individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Jason Brown, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONCEPT DEV 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 TWENTIETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCEPT DEV GROUP, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2021.

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

Authentication: 203712814

Date: 07-20-21