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COVER LETTER

_	stration Section sion of Corpora							
SUBJECT:	CAMPUS INC	IGNER CONSTRU	CTION IN	C.				
SOBJECT.		Name of cor	rporation -	must	include suffix			
Dear Sir or M	fadam:							
"Certificate o	of Existence," o	oy Foreign Corpora r "Certificate of G rporation to transa	ood Stand	ing" ar	nd check are subr			
Please return	all corresponde	ence concerning th	is matter t	o the f	ollowing:			
Tyrone Smith								
· -		ì	Name of P	erson	·-	-	-	
SMITH'S DES	SIGNER CONST	RUCTION, INC.						
		F	irm/Comp	any				
143 Cady Cent	ter #125							
			Addres	s			702	
Northville, MI	48167					•	021 JUL 30	<u> </u>
	1010	Cit	y/State and	d Zip c			ယ	
smithsdesigner	rconstructionine(,				. 0	
		-mail address: (to	be used fo	r futur	e annual report n	otification)	=======================================	 77. 11.0
For further in	formation cond	erning this matter.	, please ca	11:		: . . :	9: 14	ν::
Tyrone Smith		at (³	13	622	- 4052 Daytime Teleph			
Nam	e of Person	Α	Area Code		Daytime Teleph	one 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					
	neck payable to:	following amount: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Sta	:& □	\$78.75	ATE 5 Filing Fee & ied Copy		Filing Fed cate of Sta	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

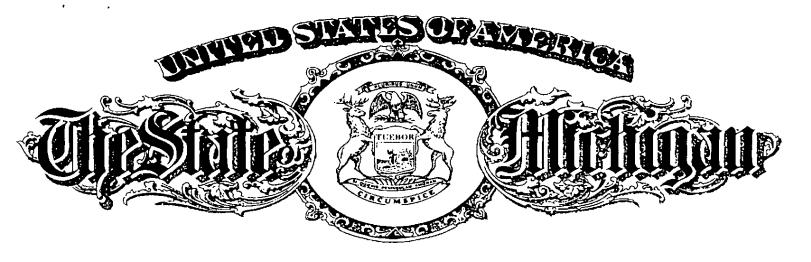
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated) 7/2014 5. (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
(Date of incorporation) (Date of duration, if other than perporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
(Date of incorporation) (Date of duration, if other than perp (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	etual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	etuar)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
00 St. 1 P. 1 117 1	
80 North Federal Highway Suite 110 PMB 1037 Boca Raton, FL 33432	
(Principal office street address)	
(Current mailing address, if different)	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	21
Shinobi Harris	الالا 2021
Name:	
fice Address: 980 North Federal Highway Suite 110 PMB 1037	30
Boca Raton , Florida 33432	AH 9: 14
	ڢ
(City) (Zip code)	

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: Tyrone Smith	□ Chairman	Name: Crystal Smith			
□Vice Chairman	980 North Federal Highway	□Vice Chairman	Suite 110, PMB 1037			
□Director	Suite 110, PMB 1037	□Director				
♣ President	Boca Raton, FL 33432	□President	Boca Raton, FL 33432			
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		■ Treasurer		
□Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
		□Vice President				
☐Secretary	☐ Treasurer	☐Secretary		□Treasurer		
□Other	Other	□Other	<u></u>	□Other		
				2021		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	- 1		
Director		□Director		A 14		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		☐Treasurer		
□Other	Other	Other		Other		
The officer or dire she is aware that fas. 817.155, F.S.	Use an ottachment to report more than six (6). The attachment for the index when filing your Florida Department of Director Signature of Director ctor signing this document (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in numberalse information submitted in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the Department (and who is listed in a document to the document to the document to the document to the document to	or Officer or I1 above) affirms the	eport form. nat the facts states a third degre	d herein are true and that he o e felony as provided for in		
13. <u>Fyrone Simil</u>	m - President Shinobit	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	neorpora	(Or)		

President ShinbiHarris (Incorporator)
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SMITH'S DESIGNER CONSTRUCTION, INC.

was validly incorporated on July 3, 2014 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for \widehat{m} other $_{i,j}$ purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

Saurilles & Commercia

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of July, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 21070286907