| (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



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 08/23/2021 | | | | |
|--------------------------|----------------------------------|--------------------------|--|--|--|
| Name: | | | | | |
| | #:1424004 | | | | |
| | y Name:TREK10 INC | | | | |
| | cles of Incorporation/Authorizat | ion to Transact Business | | | |
| ☐ Ame | endment | | | | |
| Change of Agent | | | | | |
| Reinstatement | | | | | |
| Conversion | | | | | |
| ☐ Merger | | | | | |
| ☐ Dissolution/Withdrawal | | | | | |
| Fictitious Name | | | | | |
| ✓ Othe | er CERT | IFIED COPY UPON FILING | | | |
| Authorized Signature: | Amount / \$78.75 | | | | |

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.

| | • | rrek10 in | IC. | |
|--------------------------|-------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|---------------|
| | rporation; must include "INCORPO rp." "Inc." "Co." or "Corp.") | RATED." "C | OMPANY," "CORPORATION," | |
| (If name unavaila | ble in Florida, enter alternate corpor | ate name adop | oted for the purpose of transacting business | in Florida) |
| | | | | |
| (State or country | under the law of which it is incorpo | rated) | 46-4379653 (FEI number, if applicable) | |
| | 12/08/2013 | | perpetual | |
| | of incorporation) | | (Date of duration, if other than perpe | tual) |
| | | 11/04/201 | 9 | |
| • | | | orida, if prior to registration) F.S., to determine penalty liability) | |
| | 1400 E Angela BLVD, ‡ | ‡150, Sout | h Bend, IN, 46617, USA | |
| | <u> </u> | (Principal o | ffice address) | |
| | | | | |
| | (Curr | ent mailing ac | ldress, if different) | 118 |
| . Name and <u>street</u> | : <u>address</u> of Florida registered ag | ent: (P.O. B | ox <u>NOT</u> acceptable) | 2021 Fin: 21, |
| Name: | COGENCY GLOBAL | INC. | _ | - |
| Office Address: | 115 North Calhoun Stree | et, Suite 4 | _ | 19:44 |
| | Tallahassee | | , Florida32301 | 4. |
| | (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.

(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

•

| Chairman: | Andrew vvarzon |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1400 E Angela Bivd, #150 |
| | SOUTH BEND, IN, 46617, USA |
| Vice Chairman | |
| | |
| Addiess | |
| Director: | James Abercrombie |
| | 1400 E Angela Blvd, #150 |
| | SOUTH BEND, IN, 46617, USA |
| Director: | Nathan Lerman |
| | 1400 E Angela Blvd, #150 |
| | SOUTH BEND, IN, 46617, USA |
| B. OFFICE | RS |
| President: | James Abercrombie |
| Address: | 1400 E Angela Blvd, #150 |
| | SOUTH BEND, IN, 46617, USA |
| Vice President: | CEO: Shane Fimbel |
| | 1400 E Angela Blvd, #150 |
| | SOUTH BEND, IN, 46617, USA |
| Secretary: | |
| | |
| Treasurer: | |
| Address: | |
| NOTE: If ne | cessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 12 | Signature of Director or Officer |
| are true and th | director signing this document (and who is listed in number 11 above) affirms that the facts stated herein hat he or she is aware that false information submitted in a document to the Department of State constitutes felony as provided for in s.817.155, F.S. |
| 13 | James Abercrombie |
| · | (Typed or printed name and capacity of person signing application) |

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TREK10 INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 08, 2013, and was in existence or authorized to transact business in the State of Indiana on August 23, 2021.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 23, 2021

eli Jullina

HOLLI SULLIVAN
SECRETARY OF STATE

2013120900093 / 20212166525

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on September 22, 2021.