F21000004919

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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'AUG 26 2011 M. SOLOMON

COVER LETTER

	tration Section				
SUBJECT:	COULDIN EN				
SUBJECT:		Name of corpor	ration - mu	ist include suffix	
Dear Sir or M	Iadam:				
"Certificate o	f Existence," o	y Foreign Corporatio r "Certificate of Good poration to transact b	l Standing	' and check are sub	et Business in Florida," mitted to register the
Please return	all corresponde	ence concerning this r	natter to th	c following:	
LOVETTE DO	DBSON				
		Nan	ne of Perso	on	
			 /Company	,	
17350 STATE	HWY 249 #220				
		· · · · · · · · · · · · · · · · · · ·	Address		
HOUSTON, T	X 77064				
-		City/S	tate and Z	p code	
EFILE1234@	INCFILE.COM				
	E	-mail address: (to be	used for fu	ture annual report n	otification)
For further in	formation cond	erning this matter, ple	ease call:		
LOVETTE DO	OBSON	at (, 8	88-462-3453	
Nam	e of Person	Area	Code	Daytime Telepl	none Number
Regis Divis The C 2415	EET/COURIE stration Section sion of Corpora Centre of Tallal N. Monroe Str hassee, FL 32	tions nassee eet, Suite 810		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations r
Enclosed is a Please make cl □ \$70.00 Fil	neck payable to:	ollowing amount: FLORIDA DEPARTN \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fec, Certificate of Status & 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.

(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida	1)	
DELAWARE		2718977			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
1		PERPETUAL .		<u></u>	
(Date	e of incorporation)	(Date of duration, if other than perpet	ual)		
ó	(Date first transacted business in				
202 1 101 . 7	(SEE SECTIONS 607.1501 & 607.150	32, F.S., to determine penalty liability)			
7	#74581 Miami, FL 33179			_	
	(Principal offic	e <u>street</u> address)			
	(Current mailing	g address, if different)		2021	
				AUG 23	
3. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)		Ω 	i
Name:	REGISTERED AGENTS INC.				-
Office Address:	7901 4TH ST N , STE 300		50 351	PH 12: (, T
	ST. PETERSBURG	, Florida ³³⁷⁰²	20	_	
	(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:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	19079 Cr 171, Bogard, MO 64622	□Director		
■ President		□President		
□Vice President		□Vice President		
■ Secretary	■ Treasurer	☐ Secretary		☐Treasurer
□Other	Other	Other		☐Other
□Chairman	Name: CHRISTOPHER DAVIS	☐ Chairman		
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
■ Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	Other	□Other		□Other
Cl.Chairman	Norma	□Chairman	Name:	2021
□Chairman	Name:			-
□ Vice Chairman	Address:	□Vice Chairman	Address:	- 100 N
□Director		□Director		
□President		□President		20
□Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
The officer or direct she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of Color signing this document (and who is listed in numberalse information submitted in a document to the Department - President	or Officer or 11 above) affirms th	eport form.	I herein are true and that he or
13. Delick Dollik	er - Fresident			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SCHEDULEHEAD 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 SIXTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHEDULEHEAD INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2019.

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



Jeffrey W. Businch, Secretary of State

Authentication: 203930481