F2100005039

(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:					

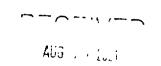
Office Use Only



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RECENTED

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SEP 01 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Zip Stream TV Inc					
Name of c	oration - must include suffix				
Dear Sir or Madam:					
	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.				
Please return all correspondence concerning	matter to the following:				
Dennis Duggins					
	ame of Person				
Zip Stream TV Inc.					
	m/Company				
1317 Edgewater Drive Suite 4775					
	Address				
Orlando, FL 32804					
C	State and Zip code				
dennis@zipstrcamtv.com					
E-mail address: (to	used for future annual report notification)				
For further information concerning this matter	olease call:				
Dennis Duggins at (256-3658				
Name of Person	ea 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 amount Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee \$78.75 Filing Fe Certificate of S					

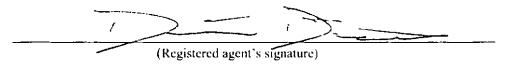
* APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

l. Zi	ip Stream TV Inc				
		orporation: must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(It	'name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting b	usiness in Florida)	
2. De	elaware	3			
2. (State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4.	0/1/2020	5			
	(Date of incorporation)		(Date of duration, if other than perpetual)		
6	_				
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) F.S., to determine penalty liability)		
_ 131	17 Edgewater I	Drive, Orlando, FL 32804	, , , , , , , , , , , , , , , , , , ,		
/		(Principal office	street address)	.	
		(Current mailing a	address, if different)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
				021 /	
8. Na	ame and <u>stre</u> u	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	2021 AUS 	
	Name:	Dennis Duggins		25 3 F	
Offic	e Address:	1317 Edgewater Drive		19 P	
•		Orlando	32804		
		(City)	, Florida	₹ 7 8	

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.



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.

· GA. DIRECTORS **Dennis Duggins** Chairman □Chairman Name: _____ 1317 Edgewater Drive □Vice Chairman ☐ Vice Chairman Address: Address: Orlando, FL 32804 Director □ Director □ President □ President □ Vice President □ Vice President Treasurer Treasurer ■ Secretary □ Secretary Other □Other ____ Other _____ ☐ Other _____ Name: _____ □Chairman □Chairman □ Vice Chairman Address: □Vice Chairman Address: _____ □ Director □Director □President □ President □Vice President _____ ☐ Vice President Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other 57 □Other □Other _____ □Other _____ □ Chairman Name: _____ □Chairman Name: Address: □Vice Chairman Address: ______ ☐ Vice Chairman □ Director □ Director □President □President □Vice President _____ □ Vice President □Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □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.

Dennis Duggins, President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ZIP STREAM TV 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 TWELFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZIP STREAM TV INC" WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2020.

Authentication: 203899010

Date: 08-12-21

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