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M. COLONION

COVER LETTER

TO:		tration Sec on of Corp					
SUBJI	Е СТ •	SNAPCON	MERCE GOOD	S INC.			
Name of corporation - must include suffix							
Dear Si	r or M	adam:					
"Certifi	icate of	Existence		of Good S	Standin	g" and check are subr	t Business in Florida," nitted to register the
Please	return a	all correspo	ondence concern	ing this ma	itter to	the following:	
LOVET	TE DO	BSON					
				Name	of Per	son	
				C:/	`		
17350 S	TATE	HWY 249 #	220		Compar	iy 	
,				A	ddress		
HOUST	ON, T	X 77064					
				City/Sta	te and 2	Zip code	
EFILE1	234@II	NCFILE.CO					
			E-mail address	s: (to be us	ed for I	uture annual report no	otification)
For furt	ther inf	ormation o	oncerning this n	natter, plea	se call:		
LOVETTE DOBSON		at ()	888-462-3453			
	Namo	of Person		Area (Code	Daytime Teleph	one Number
	Regist Divisi The C 2415 I	tration Sec on of Corp entre of Ta	orations Illahassee Street, Suite 810			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	nake ch	eck payable	ne following ame to: FLORIDA D \$78.75 Filin Certificate of	EPARTME g Fee &	□ \$ 7	STATE 78.75 Filing Fee & ertified Copy	☐ \$87.50 Filing Fee, 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.

l	RCE GOODS INC. orporation; must include "INCORPORATED,	" "COMPANY" "CORPORATION"		
	orp," "Inc," "Co," or "Corp.")	COMPANT, CONTONATION,		
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)	
2. DELAWARE	3.			
(State or countr		(FEI number, if applicable	e)	
4. 05/05/2021	5.	PERPETUAL		
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)	
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 1249 Stirling Rd S	Ste 2, Dania Beach, FL 33004			
·	(Principal off	ice <u>street</u> address)		
	(Current mailir	ng address, if different)	2021	
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	2021 AUG 3	
	INCORP SERVICES, INC.			~
Name:	17999 CTTL COLIDT NODTLI		PA I	1
Office Address:	17888 67TH COURT NORTH		S 15:	پ بر
	Loxahatchee	, Florida 33470	<u>∯</u> 50	
	(City)	(Zip code)		
9. Registered age	ent's acceptance:			
Having been nam	ed as registered agent and to accept servi			
	application, I hereby accept the appoint comply with the provisions of all statutes r			
	with and accept the obligations of my po			

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	18 Bartol St	Director			
■ President	San Fransisco, CA 94133	□ 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. 2	
□Other	Other	Other		□Otheri ≥ ≥	
				hij 😐	
□ Chairman	Name:	_ Chairman	Name:		
□Vice Chairman	Address:	_ □ Vice Chairman	Address:	<u> </u>	_
□Director		Director		: 0 	
□President		_ President			
□Vice President		_ □ Vice President			
□Secretary	Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		Other	
	Use an attachment to report more than six (6). added to the index when filing your Florida D	Department of State Annual Re	port form.		
•		irector or Officer		ted herein are this and that he	
THE OTHER OF WIFE	ator signing and abeament (and who is listed if	a number 11 accive) armins the	At the lacts stat	ice action are true and that he	O1

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.

Hussein Fazal - PRESIDENT



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

DELAWARE, DO HEREBY CERTIFY "SNAPCOMMERCE GOODS 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 TWENTY-FOURTH DAY OF AUGUST, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SNAPCOMMERCE GOODS INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2021.

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

Authentication: 203995929

Date: 08-24-21