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Division of Corporations Electronic Filing Cover Sheet

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Division of Componentions

Fax Paraner : 1 [880] 817-8383

Page: 1 of 4

Accepta Name : ROLLAND & MYCORD LLP Accomn Number : 127000001112

?2.52**e** : 3551759-7755 Tax Russer : (305)769-7799 Please use original fax date of 10/14/21. Thank you.

exences the ensil address for this dustress extity to be used for inture impoal report millings. Enter only one orabl address please. **

mcruciotti@macsportsinternational.com

FOREIGN PROFIT: NONPROFIT CORPORATION

Jump Clear, Inc.

Certificate of Starss	0
Certified Copy	
Sein Count	03
Estimated Charge	575.75

Electronic Filing Menu Conversate Filing Meau

Help

From: Esmi.Diazdon@hkl

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.

To: +18506176383

Jump Clear, Inc.		
	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	` "COMPANY," "CORPORATION,"
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Colorado (State or country under the law of which it is incorporated)		86-3408651
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
04/07/2021	5.	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
Cpon Qualificat	ion	
<u></u>	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
160 Glenson Plac	te, Apt. 2708, Denver, CO 80202	
7		ice street address)
14232 Blackberr	o Deiro Waltisuton El 33413	
	(Current mailir	ng address, if different)
Name:	Corporate Creations Network Inc. 801 US Highway-1	D. Box <u>NOT</u> acceptable)
Office Address:	North Palm Beach	33408
	(City)	Florida 33408
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties osition as registered agent.
_	(Registered agent's	signature)
10. Attached is a the Department of	certificate of existence duly authenticated f State, by the Secretary of State or other c	l, not more than 90 days prior to delivery of this application to official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

To: +18506176383

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A. DIRECTORS Michael A. Cruciotti □ Chairman ☐ Chairman 14232 Blackberry Drive □ Vice Chairman Address: □ Vice Chairman Address: _____ Wellington, FL 33414 □Director ■ Director □President #President ☐ Vice President □ Vice President ______ □Treasurer Treasurer Ti Secretary ■ Secretary □Other _____ □Other _____ □Other _____ □Other _____ _l Chairman Name: _____ □Chairman Name: _____ Address: _____ TiVice Chairman □ Vice Chairman Address: ______ □ Director □ Director □ President □ President Ti Vice President ☐ Vice President □Treasurer □Secretary ☐ Treasurer □ Secretary □ Other ______ □Other _____ □Other _____ □Other _____ Name: ______ Name: _____ ⊥l Chairman $\square \, \mathsf{Chairman}$ Address: _____ □ Vice Chairman □ Vice Chairman Address: ______ → Director □Director President **TIPresident** ∃Vice President ☐Treasurer ☐ Secretary ☐ Treasurer □ Secretary □Other _____ □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. 12. /s/ Michael A. Cruciotti Signature of Director or Officer

The officer or director signing this document (and who is listed in number 1) 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 \$,817.155, F.S.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Jump Clear, Inc.

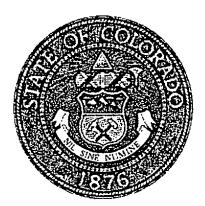
is a

Corporation

formed or registered on 04/07/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211344291.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/12/2021 that have been posted, and by documents delivered to this office electronically through 10/13/2021 @ 15:35:01.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/13/2021 @ 15:35:01 in accordance with applicable law. This certificate is assigned Confirmation Number 13508086



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Sceretary of State's Web site is fully and animediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."