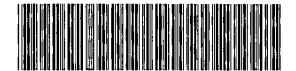
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

~	stration Section sion of Corporations				
SUBJECT:					
SUBJECT:	·	of corporation	- must include suffix		
Dear Sir or N	fadam:				
"Certificate ("Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Stand	ling" and check are sub		
Please return	all correspondence concerni	ng this matter	to the following:		
Chadwick Ma	yeumber				
- 		Name of I	Person		
Horizons Tech	nnologies, Inc.				
		Firm/Com	pany		
750 Clifford I)r,				28.5 I
Address Orlando, FL 32804					
		, , , , , , , , , , , , , , , , , , ,			
•••	,	City/State ar	id Zip code		
admins@with	horizons.com				
	E-mail address	: (to be used fo	or future annual report i	notification)	<u>.</u>
For further in	formation concerning this m	iatter, please ca	all:		
Chadwick Ma	ycumber	at (704-9480		
Nan	ne of Person	Area Code	Daytime Telep	hone Number	
Regi: Divis The 0 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
	check for the following amoneck payable to: FLORIDA DI ing Fee	EPARTMENT g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fil	e of Status &

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.

Horizons Techn	ologies, Inc.		
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp,")	ED," "COMPANY," "CORPORATION,"	
Florida Horizon	s Technologies, Inc.		
(If name unavail	able in Florida, enter alternate corporate nai	me adopted for the purpose of transacting busin	ness in Florida)
Delaware		87-1369183	
(State or countr	y under the law of which it is incorporated)	3. 87-1369183 (FEI number, if applicable)	
4. 06/23/2021		5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. NA (have not st	arted transacting business yet)		
,	Orlando, FL 32804 (Principal o	office <u>street</u> address)	
 	(Current ma	iling address, if different)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			=
Name:	et address of Florida registered agent: (1 Chadwick Mayeumber 750 Clifford Dr	P.O. Box <u>NOT</u> acceptable)	2021 OCT -8 F
Name:	Chadwick Mayeumber 750 Clifford Dr.	P.O. Box <u>NOT</u> acceptable)	- 8 T
	Chadwick Maycumber	P.O. Box <u>NOT</u> acceptable) Florida 32804	$\frac{1}{2} \frac{1}{2} \frac{1}$

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.

A. DIRECTORS						
□Chairman	Chadwick Maycumber Name:	Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:		 .	
□Director	750 Clifford Dr.	Director				
■ President	Orlando, FL 32804	DPresident				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	∐Other	Other		□Other		
□Chairman	Name: Kyle Walsh		Name:	-		
□Vice Chairman	Address:					
□Director	5077 Stratemeyer Dr.					
□President	Orlando, FL 32839					
□Vice President						
Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	Other		□Other	~~	
□Chairman	Name:		Name:	 	8 - 130 IA	· · · · · · · · · · · · · · · · · · ·
□Vice Chairman	Address:	□Vice Chairman	Address:	. 11	- 	
□Director		Director		3 2 4 2 2 3 4	Ŋ	
□President		President		·.	<u> </u>	
□Vice President		□Vice President				
□ Secretary	☐ Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		Other		
Important Notice: Unidividuals may be	Use an attachment to report more than six (6), added to the index when filing your Florida I	The attachment will be image Department of State Annual Re	d for reporting	purposes only. No	n-indexe	d
12.				<u>.</u>		
	Signature of 1	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.

Chadwick Maycumber - CEO



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

DELAWARE, DO HEREBY CERTIFY "HORIZONS TECHNOLOGIES, 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-SEVENTH DAY OF SEPTEMBER,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZONS TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2021.

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

Authentication: 204263508

Date: 09-27-21