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PICK-UP WAIT MAIL						
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COVER LETTER

Div	istration Section ision of Corporations					
SUBJECT	Blind Squirrel Entertainmen	it, Inc.				
SODGEOT	Name	of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·		
Dear Sir or	Madam:					
"Certificate	d "Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Stand	ding" and check are sub-	·		
Please return	all correspondence concern	ing this matter	to the following:			
Steven Sarde	gna					
		Name of I	Person			
Blind Squirre	el Entertainment, Inc.					
		Firm/Com	pany			
7545 Irvine (lenter Drive, Suite 150					
		Addre	SS			
Irvine, CA 9.	2618					
		City/State ar	nd Zip code			
legal@blinds	quirrelgames.com					
	E-mail addres	ss: (to be used for	or future annual report n	otification)		
For further i	nformation concerning this	natter, please ca	all:			
Violet Krueg	er	at (<u>562</u>	964-1456			
Nai	ne of Person	Area Code		hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	a check for the following am check payable to: FLORIDA B iling Fee	EPARTMENT ng Fee & Z	OF STATE \$78.75 Filing Fee & Certified 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.

n Florida, enter alternate corporate name additional statements of the statement of the sta	-0913113			
3.	-0913113			
ler the law of which it is incorporated)	(FEI number, if a			
-		(FEI number, if applicable)		
December 16, 2015				
corporation)	(Date of duration, if other than perpetual)			
		lity)		
ve, Suite 150, Irvine, CA 92618				
(Principal office	street address)			
(Current mailing a	ddress, if different)			
		*		
	Box NOT acceptable)	(X)		
rporation Service Company	_	25.		
01 Hays Street				
llahassee	— 32301	29 In 39 1 1 2 39		
(City)	(Zip code)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ve, Suite 150, Irvine, CA 92618 (Principal office (Current mailing a lress of Florida registered agent: (P.O. Enporation Service Company Of Hays Street (City) acceptance: s registered agent and to accept service	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabilities, Suite 150, Irvine, CA 92618 (Principal office street address) (Current mailing address, if different) Iress of Florida registered agent: (P.O. Box NOT acceptable) Importation Service Company Of Hays Street Ilahassee , Florida (City) (Zip code)		

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

under the law of which it is incorporated.

A. DIRECTORS							
Chairman	Name: Bradford Hendricks	□ Chairman		Sardegna			
□Vice Chairman	Address:	□Vice Chairman	Address: 7545	Irvine Center Drive			
Director	Suite 150	Director	Suite 150				
■President	Irvine, CA 92618	□President	Irvine, CA 92618				
□Vice President		□Vice President					
■ Secretary	☐Treasurer	☐Secretary		□Treasurer			
Chief Execu	tive Officer	Chief Operat	ing Officer	Chief Financial Officer Other			
□Chainnan	Name:	⊟Chairman	James B	Beck			
	7545 Irvine Center Drive	□Vice Chairman					
	Suite 150		Suite 150				
□Director □President	Irvine, CA 92618	□ Director					
		□Vice President					
			····	Fig			
Secretary Chief Develop	☐Treasurer	□Secretary		□Treasurer			
Other	□Other	□Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	7545 Irvine Center Drive	□Vice Chairman	Address:				
Director	Suite 150	□Director					
□President	Irvine, CA 92618	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□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. 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.

Steven Sardegna, Chief Operating Officer



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

DELAWARE, DO HEREBY CERTIFY "BLIND SQUIRREL ENTERTAINMENT, 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 FOURTEENTH DAY OF OCTOBER,

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 "BLIND SQUIRREL ENTERTAINMENT, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 204412252

Date: 10-14-21