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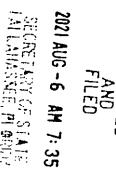
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	ECT: WELDMONGER ENT	ERPRISES INC			
G C Do	N N	ame of corporation	- must include suffix		
Dear S	ir or Madam:				
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	ficate of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.		
Please	return all correspondence con	cerning this matter	to the following:		
WILLI	AM J COLLIER				
		Name of	Person		
WELD	MONGER ENTERPRISES INC				
		Firm/Com	pany		
2330 S	. NOVA ROAD, UNIT 4				
		Addro	288		
S. DA	YTONA, FL 32119				
		City/State a	nd Zip code		
MRS.I	YNCOLLIER@GMAIL.COM				
	E-mail ac	ldress: (to be used f	or future annual report notification)		
For fu	rther information concerning t	his matter, please c	rall:		
WILLI	WILLIAM J COLLIER 770 at ()		315-1820		
	Name of Person		c 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		
Please		DA DEPARTMENT	COF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

WELDMONGER ENTERPRISES INC					
	orporation: must include "INCORPORATE orp," "Inc." "Co," or "Corp.")	ED," "6	COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate na	ne ado	pted for the purpose of transacti	ng business in Florida)	
2. GEORGIA 3. 80-0779779					
	y under the law of which it is incorporated)	rated) (FEI number, if applicable)		pplicable)	
4. 01/01/2012		5.			
(Date	of incorporation)	J	(Date of duration, if other than perpetual)		
5.					
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60°			lity)	
	OAD, UNIT 4, S. DAYTON, FL 32119				
	(Principal	office <u>s</u>	street address)		
-	(Current ma	iling a	ddress, if different)	2021 SEC ALL	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (WILLIAM J COLLIER	P.O. B	Sox <u>NOT</u> acceptable)	ANC FILE AUG-6 ARCTARY L LAHASSEE	
Office Address:	2330 S. NOVA ROAD, UNIT 4		_	AH 7:	
	S. DAYTONA, FL		. Florida 32119	₩ 35	
	(City)		(Zip code)		

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			1.1.7					
Chairman	Name: L. A. W. (Carrier	□Chairman	Name: Lyn W (OLKIL)					
□Vice Chairman	Address: 4545 SALINTIC AVE	□Vice Chairman	Address: 4545 & ATLANTIC AVE					
□Director	#3306	□Director	#3306 T					
President	PONCE NILET FL	□President	PONCE /NLET /L					
□Vice President	32127	□Vice President	32127					
☐ Secretary	☑Treasurer	□ Secretary	□Treasure					
□Other	Other	□Other	Other					
□Chairman	Name:	□Chairman	Name:					
	Address.		Address:					
		☐ Director						
□President		□President						
		□Vice President						
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer					
□Other	Other	□Other	○ Other					
	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	······································	Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary	□Treasurer					
□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 thousack 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.								
13. Lyn W Collier Shifty (Typed or printed name and capacity of person signing application)								

Control Number: 12093849

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WELDMONGER ENTERPRISES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21733966 Date Inc/Auth/Filed: 01/01/2012 Jurisdiction : Georgia Print Date : 07/29/2021

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State