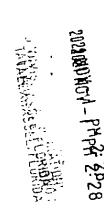
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DATE: 11/1/2021

NAME: VALHOLLA ENTERTAINMENT INC

TYPE OF FILING: APPLICATION

COST: 70.00

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AUTHORIZATION: ABBIE/PAUL HODGE O Hoose

Strile 2nd &

COVER LETTER

Division of Corporations	
SUBJECT: Valholla Entertainment Inc.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standi above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Jennifer Vinciguerra	<u></u> .
Name of Pe	rson
Fox Rothschild LLP	
Firm/Compa	eny
2700 Kelly Rd., Ste. 300	
Address	
Warrington, PA 18976	
City/State and	Zip code
vince@valholla.com	
h-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	l:
at ()
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT O	F STATE
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$	\$78.75 Filing Fee & S87.50 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.

Valholla Entert	ainment Inc.		<u>.</u>
	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	",ИС
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
Delaware	3.		
(State or count	ry under the law of which it is incorporated)	(FEI number, if a	applicable)
January 24, 200)5 5.		
(Date	e of incorporation) 5.	(Date of duration, if other	r than perpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration)	Him)
	(SEE SECTIONS 607.1501 & 607.1. ve Ste 715 PMB 1041, Miami, FL 33131	302, r.s., to determine penalty had	nity)
7		ice street address)	
	(Fincipal off	ice street address)	
	(Current mailir	ng address, if different)	
	(Continue manus	ig address, it differenty	
8. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
	Vinton Eyma		
Name:			
Office Address:	1000 Brickell Ave Ste 715 PMB 1041		
	Miami	, Florida 33131 (Zip code)	
	(City)	(Zip code)	
O. Danistanad an			 2
	ent's acceptance: ned as registered agent and to accept servi	ce of process for the above state	ed corporation at the place
designated in this	s application, I hereby accept the appoints	nent as registered agent and ag	ree to act in this capacity. I
	comply with the provisions of all statutes r r with and accept the obligations of my po		ete performance of my duties
<i>ana 1 um jum</i> usu.	with and accept the obligations of my po	omon us register en agent	
	——Decutioned by:		D PH 2: 05
	Vinton Ema		2: (::IE ::IS
_	(Registered agent's s	ignature)	

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.

DocuSign Envelope ID: 416BBFE6-6DD8-4BD2-8288-F261946FC74E

A. DIRECTORS

· Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address: 1000 Brickell Ave Ste 715 PMB 1	□Vice Chairman	Address:			
■ Dir e ctor	Miami, FL 33131	□Director		<u> </u>		
■ President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary		□Treasurer		
□ Other	Other	Other		Other		
	Maria	□ Chairman	Name:			
□ Chairman	Name:	_				
☐Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary		Treasurer		
□ Other	Other	Other	<u>.</u>	□Other		
□ Chairman	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: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	chment will be imagent of State Annual R	ed for reporting p teport form.	ourposes only. Non-indexed		
12. Vinton	Eyna					
Signature of Director of Officer						
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	er 11 above) affirms t iment of State constit	that the facts state tutes a third degre	ed herein are true and that he or see felony as provided for in		
13. Vinton Eym	(Typed or printed name and capacity of person		<u> </u>			
	(Typed or printed name and capacity of personal control of personal capacity of personal capa	on signing applicatio	n)			



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

DELAWARE, DO HEREBY CERTIFY "VALHOLLA 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 FIRST DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALHOLLA ENTERTAINMENT INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204559092

Date: 11-01-21

6346945 8300 SR# 20213662837