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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Red Viking Group, Inc			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	of corporation -	nust include suffix	
Dear S	ir or Madam:			
"Certi	iclosed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to	e of Good Standin	ng" and check are subt	
Please	return all correspondence concert	ing this matter to	the following:	
Bianca	Babinsk y Bredahl			
		Name of Pe	rson	
Red Vi	king Group, Inc			
		Firm/Compa	ny	
8022 P	rovidence Rd Suite 500-145			
		Address		-
Charlo	ite, NC 28277			
		City/State and	Zip code	····
Bianca	@xventbox.com 🗸			
	E-mail addres	s: (to be used for	future annual report n	otification)
For fu	ther information concerning this i	natter, please call	:	
Bianca	Babinsky Bredahl	at (<u>305</u>)	479-6642	
	Name of Person	Area Code	Daytime Teleph	none 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	ned is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	DEPARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	\$\int\\$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.

1.	Red Viking Gro	oup Inc					
•		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION	••		
	RVG Distributo	rs, XVent box					
	(If name unavail	able in Florida, enter alternate corporate na	ne	adopted for the purpose of transacting	business i	n Flori	da)
2.	North Carolna		3	850491660			
	(State or countr	y under the law of which it is incorporated)	•/-	(FEI number, if app	licable)		
4.	03/09/2020		5.				
	(Date	of incorporation)		(Date of duration, if other th	ian perpetu	al)	
6.	·						
				n Florida, if prior to registration) 502, F.S., to determine penalty liability	()		
7	8022 Providence	Rd Suite 500-145 Charlotte, NC 28277					
, ,		(Principal)	offi	ce <u>street</u> address)			
		(Current ma	ilin	ng address, if different)			
8.	Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		292	
	Name:	Nicolas Babinsky				2021 1738] [
О	ffice Address:	16141 W Troon Cir				2	*** **********************************
		Miami Lakes		. Florida 33014	,	ΡΗ	ال مصدرات ال مدادرات ال مدادرات
		(City)		(Zip code)	S TAT	PH 2: 11	المصدة

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	ı		
□Chairman	Name:Bianca Babinsky Bredahl	□Chairman	Thomas Bredahl Name:
□Vice Chairman	Address: 2701 High Ridge Rd	□Vice Chairman	Address: 2701 High Ridge Rd
□Director	Charlotte, NC 28270	□Director	Charlotte, NC 28270
■ President		□President	
□Vice President		■Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	□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
□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
individuals may be	Jse an attachment to report more than six (6). The atta added to the index when filing your Florida Department of Director of	ent of State Annual Re	d for reporting purposes only. Non-indexed eport form.
The officer or direct she is aware that fall s.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Depart	r 11 above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13. <u>Bi</u>	anca <u>Pabinsty Bredah</u> (Typed or printed name and capacity of person	\)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

(Long Form)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

RED VIKING GROUP INC

a corporation duly created, organized, and existing under the laws of the State of North Carolina, having been incorporated on the 1st day of April, 2020, with its period of duration being Perpetual, under the name Red Viking Group Inc and the following documents have been filed since that date:

<u>Date</u>	<u>Event</u>	Filed Document
3/9/2020	Creation Filing	Articles of Incorporation
4/5/2021	Annual Report	Annual Report





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of November, 2021.

Elaine I Marshall

Secretary of State