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SECRETARY OF STATE
ALLAHASSEE, FLORIOS

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## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Some guy's bread inc			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nam	e of corporation - n	nust include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign of Existence," or "Certificated foreign corporation to	ate of Good Standin	g" and check are subm	
Please return	all correspondence concer	rning this matter to	the following:	
zachary Hansn	nan			
		Name of Per	son	<u> </u>
Some guy's bro	ead inc			
		Firm/Compar	ny	
207 sw glenwo	ood drive			
		Address		***************************************
port saint lucie	่, ก 34984			
		City/State and 2	Zip code	
zachhansman8	9@gmail.com			
	E-mail addro	ess: (to be used for	future annual report no	tification)
For further in	formation concerning this	matter, please call:		
zachary hansm	an	561 at ( )	318-9870	
Nam	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRI stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations
	~	DEPARTMENT OF ling Fee & S	F 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.

١.	Some guy's brea	ad inc				
••	(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "C	OMPANY," "CORPORATION,"		
	(If name unavail	able in Florida, enter alternate corporate nam	ne adop	nted for the purpose of transacting	business in Florida)	
2. delaware 3. 87-2668100						
(State or country under the law of which it is incorporated)		·	(FEI number, if applicable)			
4	09/15/2021		5			
₩.	(Date of incorporation)		<i>-</i>	(Date of duration, if other than perpetual)		
6.						
o.		(Date first transacted business	in Flo	rida, if prior to registration)		
		(SEE SECTIONS 607.1501 & 607	.1502,	F.S., to determine penalty liability	·)	
7.	207sw glenwood	drive, port saint lucie, fl 34984				
		(Principal o	ffice st	reet address)		
					7 s ~	
		(Current mai	ling ad	dress, if different)	EC:	
					2021 NOV 30 SECRETARY ALL ALIASSE	7
8.	Name and street	et address of Florida registered agent: (P	.O. B	ox NOT acceptable)	SS(S)	
	Name:	zachary hansman		no.	171 <sub>100</sub>	'n
0	ffice Address:	207 sw glenwood drive		_	AM II:	D
		port saint lucie		, Florida	THE TOP	
		(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 Zachary hansman □Chairman Name: ☐ Chairman Name: 207 sw glenwood drive □Vice Chairman □Vice Chairman Address: Address: port saint lucie, fl 34984 Director ☐ Director President ☐ President ☐ Vice President □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □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\_\_\_\_\_ Name: \_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: Address: ☐ Vice Chairman □ Director ☐ Director □ President ☐ 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. 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.

Zachary Hansman



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

DELAWARE, DO HEREBY CERTIFY "SOME GUY'S BREAD 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 EIGHTEENTH DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOME GUY'S BREAD INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204733553

Date: 11-18-21

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