F21000007351

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

Office Use Only



500378137275

12/17/21--015/5--018 **75,75



S. HAWKES

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.I	ECT: CLEARSPEND INC.			
5000		corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi:	iclosed "Application by Foreign Corpo ficate of Existence," or "Certificate of referenced foreign corporation to trans	Good Stand	fing" and check are submitte	
Please	return all correspondence concerning	this matter	to the following:	
SHER	WESTFALL			
		Name of I	Person	·· <u>.</u> .
MASU	ida, funai, eifert & mitchell, l'	TD.		
		Firm/Com	pany	
203 N.	LASALLE STREET, SUITE 2500			
		Addre	SS	
CHICA	NGO, IL 60601			
		City/State ar	nd Zip code	
SWES	TFALL@MASUDAFUNALCOM	·	·	
	E-mail address: (t	o be used fo	or future annual report notifi	cation)
For fu	ther information concerning this matt	er, please c	all:	
SHERI WESTFALL		, 312	Daytime Telephone Number	
	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 Tallahassee, FL 32303		MAILING ADDI- Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	on rations
Please	ed is a check for the following amoun make check payable to: FLORIDA DEPa 0.00 Filing Fee	ARTMENT		\$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.

(II name unavaii	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)			
DELAWARE	3. 3	35-2722249				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
7/12/2021	5.					
(Date of incorporation)		(Date of duration, if other than perpetual)				
12/6/2021						
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		v)			
9541 JULIAN CI	LARK AVENUE, SUITE 109-G, HUNTERSVII		,			
	- 	: street address)				
	·					
	(Current mailing	address, if different)	22			
			- 2			
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	in the second se			
Name:	CT CORPORATION SYSTEM					
ffice Address:	1200 SOUTH PINE ISLAND ROAD		PN 2: 53			
ince Address.	PLANTATION	3337.1	S S			
		, Florida 33324 (Zip code)	SIE SIE			
	(City)	(Zip code)				
	ent's acceptance:			Hace		
aving been nam	ed as registered agent and to accept service					
aving been nam signated in this	•	ent as registered agent and agree	e to act in this capac	city.		

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS JEFFREY WHITE HUGH DAVID WARNER □Chairman ■Chairman Name: 9541 JULIAN CLARK Address: AVENUE, SUITE 109-G Address: AVENUE, SUITE 109-G □Vice Chairman □ Vice Chairman HUNTERSVILLE, NC 28078 HUNTERSVILLE, NC 28078 ■ Director Director President □President □Vice President ______ □ Vice President □ Treasurer □ Treasurer □ Secretary □ Secretary □Other _____ □Other ______ Other _____ $_{ m Name:} \frac{ m CHRISTOPHER~HILBRANDS}{9541~{ m JULIAN~CLARK}}$ Name: □ Chairman □ Chairman Address: AVENUE, SUITE 109-G Address: ____ □Vice Chairman □Vice Chairman **HUNTERSVILLE, NC 28078** ■Director □ Director □President President □ Vice President □Vice President □ Secretary □Treasurer **■**Secretary ■ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □Chairman □ Chairman Name: _____ Name: Address: □Vice Chairman 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 poly 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.

, JEFFREY WHITE, PRESIDENT

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CLEARSPEND 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 THIRTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEARSPEND INC."

WAS INCORPORATED ON THE TWELFTH DAY OF JULY, A.D. 2021.

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

Authentication: 204962389

Date: 12-13-21