(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	_					
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Special Instructions to Filing Officer:						
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

01/14/2022

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	Acc#I20160000072	
Name:	M.R.K. Financial, Inc.	
Document #:		
Order #:	14098583 - 6	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Availability Document Examiner	Certified: Plain: COGS: Amount: \$ 70.00	
Updater Verifier W.P. Verifier Ref#	Thank you!	

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.

"Inc.," "Co.," "Corp.	oration: must include "INCORPORATED" "Inc." "Co," or "Corp."))," "СОМРАН	Y," "CORPORATION,"		
Colorado	in Florida, enter alternate corporate name	e adopted for th	ne purpose of transacting b	usiness in Florida)	
	3				
(State or country u	ander the law of which it is incorporated)	•	(FEI number, if applic	rable)	
09/14/1988	5				
(Date of	incorporation)	(Da	(Date of duration, if other than perpetual)		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.				
1241 Gulf of Mexico	Dr #703 Longboat Key FL 34228				
·	(Principal of	ffice <u>street</u> add	ress)		
					
	(Current mail	ing address, if o	different)	ام بهوا در است	
	ddress of Florida registered agent: (P	.O. Box <u>NOT</u>	_acceptable)		
Name:	Michael Krupp	<u>-</u>			
Office Address: _	1241 Gulf of Mexico Dr #703			PINIZ: LT	
_	Longboat Key	, FL	34228		
_	(City)		(Zip code)		
lesignated in this ap further agree to com	as registered agent and to accept ser plication, I hereby accept the appoin ply with the provisions of all statutes ith and accept the obligations of my p	tment as regis relative to the	stered agent and agree t e proper and complete j	to act in this capacity.	
	Micalul Empp				
Bv					

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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: A43C7A12-EEE4-40B2-B66C-3A5681CD4C25

A. DIRECTORS Name: Michael Krupp □ Chairman Name: □ Chairman 1241 Gulf of Mexico Dr #703 Address: _______ □Vice Chairman Address: □ Vice Chairman Longboat Key, FL 34228 □ Director □Director □President □President □ Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □Other ____ □Other _____ □ Other _____ □ Other _____ Name: _____ Name: _____ □Chairman □ Chairman Address: ☐ Vice Chairman □ Vice Chairman Address: _______ □Director □ Director □President □President □Vice President □Vice President _____ □ Treasurer □ Secretary □Treasurer □ Secretary ☐Other _____ □Other _____ ____ ☐Other _____ ☐ Other _____ Name: _____ Name: _____ □ Chairman ☐ Chairman □ Vice Chairman □Vice Chairman Address: _____ □ Director □ Director □ President □ President □ Vice President □Vice President _____ □Treasurer □ Secretary □ Treasurer ☐ Secretary □ 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 the index when filing court librida Department of State Annual Report form. Micalel krupp A/ISHAMMFequi 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. Michael Krupp, sole Director (Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

M.R.K. FINANCIAL, INC.

is a

Corporation

formed or registered on 09/14/1988—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19881085604.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/13/2022 that have been posted, and by documents delivered to this office electronically through 01/14/2022 @ 11:52:38.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/14/2022 @ 11:52:38 in accordance with applicable law. This certificate is assigned Confirmation Number 13719102



Secretary of State of the State of Colorado

Notice A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an opinon, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://

www.sos.state.co.us/chck "Businesses, trademarks, trade names" and select "Frequently Asked Questions."