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S. ROBERTS FEB - 4 2022

COVER LETTER

TO: Registration Section Division of Corporations								
SHR DECT:	Every Vegan	Recipe, Inc.						
SOBJECT		Name of co	poration -	must include suffix				
Dear Sir or M								
"Certificate o	f Existence." c		ood Standi	ithorization to Transact B ng" and check are submitt in Florida.				
Please return	all correspond	ence concerning th	is matter to	the following:				
Louisa Nichols	son							
		ì	Name of Pe	rson				
Every Vegan F	Recipe, Inc.							
		þ	irm/Compa	ıny				
4041 Taggart (lay N, Unit 208	:						
			Address	3				
Sarasota, FL 3	4233							
		Cit	v/State and	Zip code				
louisa@everyv	eganrecipe.con							
	-	-mail address: (to	be used for	future annual report notif	ication)			
For further in	formation con	cerning this matter	please cal	l:				
Louisa Nicholson 336			Daytime Telephone Number					
Nam	e of Person		rea Code	Daytime Telephon	e Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Secti Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314				
Enclosed is a Please make ef \$70,00 Fil	eck payable to:	following amount: FLORIDA DEPAI \$78.75 Filing Fee Certificate of Sta	: □ : 3:	OF STATE \$78.75 Filing Fee & T 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.

1. Every Vegan Re	ecipe, Inc. priporation; must include "INCORPORATI	:11 " · ·	COMPANY " "CORPORATION	, , , , , , , , , , , , , , , , , , , 	-		
	orp." "Inc." "Co." or "Corp.")	<i>-</i> 12,	COMPANY, CONTRACTION	••			
(If name unavaila	able in Florida, enter alternate corporate na	me adı	apted for the purpose of transacting	g business in	Florida	1)	
Delaware			85-2554068				
(State or country under the law of which it is incorporated			(FEI number, if applicable)				
June 5, 2020		5					
(Date of incorporation)			(Date of duration, if other than perpetual)				
5.							
			lorida, if prior to registration)				
	(SEE SECTIONS 607.1501 & 60	7.1502	, F.S., to determine penalty liabili	ty)			
7	/ N, Unit 208, Sarasota, FL 34233				-		
	(Principal	office	street address)				
	(Current m	iling :	address, if different)			_	
	1000	······· 5 ·					
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)	₹ <u>`</u>	2022 FEB - 4		
	Louisa Nicholson			F	33	FEE 2	
Name:			<u> </u>	TALLAHASS	9	e e e	
Office Address:	4041 Taggart Cay N. Unit 208		<u> </u>			, m	
	Sarasota		. Florida 34233	Li.	PX	₫ [™]	
	(City)		(Zip code)	<u>ja</u> j	1:2	**	
	ent's acceptance:			ر. ت	9		

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 Louisa Nicholson □Chairman □Chairman Name: Name: 4041 Taggart Cay N, Unit 208 Address: □Vice Chairman □Vice Chairman Address: Sarasota, FL 34233 Director Director □President President □Vice President □Vice President _____ □Treasurer □ Treasurer □ Secretary □ Secretary □Other _____ □Other ______ □Other ______ □Other _____ □Chairman Name: □ Chairman Name: ______ Address: □ Vice Chairman □ Vice Chairman - Address: □Director □Director President President □ Vice President □ Vice President ☐ Freasurer Treasurer ☐ Secretary □Secretary □Other _____ □Other___ □Other _____ □Other _____ Name: ______ □ Chairman Name: □ Chairman □Vice Chairman Address: ______ □Vice Chairman Address: □Director □Director □President □President □ Vice President □ Vice President ____ □1reasurer □ Secretary Secretary Treasurer | □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 my 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

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 of she is aware that talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8,817,155, F.S.

Louisa Nicholson, President

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EVERY VEGAN RECIPE, 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 THIRTY-FIRST DAY OF JANUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERY VEGAN RECIPE, INC." WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2020.

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



Authentication: 202532892

Date: 01-31-22

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