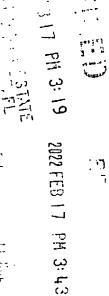
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(Requestor's Name)	
(Address)	
(Address)	_
, , ,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Octanica copies	
Special Instructions to Filing Officer:	
Operation designs to thing officer.	
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Office Use Only



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& HAWKES FEB _ 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 472069 7543726						
AUTHORIZATION Spullice man						
COST LIMIT : \$70.00						
ORDER DATE : February 11, 2022						
ORDER TIME : 3:04 PM						
ORDER NO. : 472069-005						
CUSTOMER NO: 7543726						
FOREIGN FILINGS						
NAME: ELEVATED VENTURE GROUP, INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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.

(Enter name o "Inc.," "Co.,"	f corporation; must include "INCORPORATE Corp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION	<u>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(If name unava	ailable in Florida, enter alternate corporate nar	ne adopted for the purpose of transactin	g business in Florida)
Delaware		3. 87-4111560	
	ntry under the law of which it is incorporated)	(FEI number, if ap	plicable)
December 17	, 2021	5	
(Da	ate of incorporation)	(Date of duration, if other t	han perpetual)
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability	y)
23 Hillside Stre	et, Milton, MA 02186		
•	(Principal o	office street address)	
			Ē
	(Current ma	iling address, if different)	
. Name and <u>str</u> Name:	ceet address of Florida registered agent: (I	P.O. Box NOT acceptable)	9 17 PH 3: 19
Office Address:	1201 Hays Street		ب المالية
inov riddress.	Tallahassee	, Florida	9
	(City)	(Zip code)	
laving been na esignated in th urther agree to	gent's acceptance: med as registered agent and to accept set is application, I hereby accept the appoir comply with the provisions of all statute, ar with and accept the obligations of my Corporation Service Company By:	ntment as registered agent and agre s relative to the proper and complet	e to act in this capacity.

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			
■ Chairman	Name:	□Chai⊓man	Name: Alexei Popov
□Vice Chairman	Address: 23 Hillside Street, Milton, MA 02	□ Vice Chairman	Address: 23 Hillside Street
Director	Milton, MA 02186	■Director	Milton, MA 02186
□President		President	
□ Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Chief Exec	utive Officer Other	□Other	Other
□ Chairman	Name: Keegan Ripp	□Chairman	Name:
□ Vice Chairman		□Vice Chairman	Address:
Director	Rockwall, TX 75087	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	Other
individuals may be	Use an attachment to report more than six (6). The at a added to the index when filing your Florida Department.	nent of State Annual R	eport form.
. = /	Signature of Director	or Officer	
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Depa	per 11 above) affirms ti	hat the facts stated herein are true and that he or
13.	The state of the s		



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

DELAWARE, DO HEREBY CERTIFY "ELEVATED VENTURE GROUP, 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 FOURTEENTH DAY OF FEBRUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEVATED VENTURE GROUP, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER,

A.D. 2021.

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



Authentication: 202651768

Date: 02-14-22