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(Req	uestor's Name)					
(Address)						
(Add	ress)					
(City	/State/Zip/Phon	e #)				
PICK-UP	MAIT WAIT	MAIL				
(Business Entity Name)						
(Doc	ument Number)				
Certified Copies	Certificate	s of Status				
Special Instructions to F	iling Officer:					

Office Use Only



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S. FRANKLIN MAR 19 2022



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Speedy Apple Enter	Prises, Inc. must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	to the following:
Phillip Zicerdi	
Phillip Ziccordi Name of P	erson
Speeds Apple Enterix Firm/Comp	es, Inc. 25
15 White Head Prive	E :
15 White Heron Prince Address	ss U
Sonta Rosa Beach, FL	- 32459 · · · · · · · · · · · · · · · · · · ·
•	· · · · · · · · · · · · · · · · · · ·
OZicaldia verit	zsn. net S
For further information concerning this matter, please ca	
Phillip Ziward, at (610 Name of Person Area Code) 698-1006
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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT (\$\Boxed{\text{\$\text{\$\text{Plong} Fee}\$}}\$ \$\text{\$\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e	OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.	Speedy Apple Enterprises, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	03/19/1987	
	O3 19 1987 5. (Date of incorporation) (Date of duration, if other than perpetual)	
6.		
u.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	15 White Heron Dive Sonta Rosa Beach, FL 3245 (Principal office street address)	9
	(Principal office street address)	1 1
	: N ;	**************************************
•	(Current mailing address if different)	11
	(Current maining address, it different)	
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: Phillip Ziccordi	
Of	ffice Address: 15 White Hear Drive	
	Name: Phillip Ziccardi ffice Address: 15 White Heron Drive Santa Rosa Reach Florida 32459 (City) (Zip code)	
Ho de. fui	Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the pessignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitative agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	city. I
	Phille Tiell	
	(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	·							
□Chairman	Name: Arnold Ziccardi	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	34253 Barracula Way	□Director						
⊠ President	Millsboro, DE 19966	□President						
□Vice President		□Vice President						
□Secretary	☐Treasurer	□Secretary		□Treasurer				
□ Other	Other	Other	·	□Other				
Chairman	Name: Cloria Ziccard.	□Chairman	Name:					
□Vice Chairman	Address:	☐Vice Chairman	Address:					
□Director	34253 Barracula Way	□Director						
□President	Millsbors, DE 19966	□President						
□Vice President		□Vice President						
∑ Secretary	☐ Treasurer	Secretary		☐Treasurer				
□Other		Other		Other H				
				8 1. 22				
□Chaiπnan	Name:	□Chairman	Name:	141				
□Vice Chairman	Address:	□Vice Chairman	Address:	Francis de la constantina del constantina della				
□Director		□Director		- 36 36				
□President		□President						
□Vice President		□Vice President		· · ·				
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□Other		□Other				
Important Notice:	Use an attachment to report more than six (6). The attach	chment will be image	ed for reporting p	urposes only. Non-indexed				
	added to the index when filing your Florida Departme	nt of State Annual R	eport form.					
12	Amold Jusad. Signature of Director of	r 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.								
13	(Typed or printed name and capacity of person	on signing application	1)					

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 02/19/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SPEEDY APPLE ENTERPRISES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's:

Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC220219200276-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify