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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Valiant Products Chute	es, Inc				
	Name of corporation	on - must	include suffix		
Dear Sir or Madam:					
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good St	anding" a	ind check are subm		
Please return all correspondence co	ncerning this matt	er to the	following:		
Duane L Kezele					
	Name o	f Person			
ValiantProducts Chutes, Inc					
	Firm/Co	mpany	- , <u>, , , , , , , , , , , , , , , , , ,</u>		
939 Quincy St					
	Ado	dress			
Lakeland, FL 33815					
	City/State	and Zip	code		
dkezele@valiantproductsinc.com					
E-mail a	ddress: (to be use	d for futu	re annual report no	tification)	
For further information concerning	this matter, please	call:			
Duane I. Kezele	, 863	688	-7998		
Name of Person	Area Co	ode	-7998 Daytime Telepho	one 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		
-		□ \$78.7	TATE 25 Filing Fee & fied 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.

(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"		
VPC, Inc					
(If name unavail	able in Florida, enter alternate corporate na	me ac	opted for the purpose of transacting busines	ss in Florida)	
Delaware		3 8	7-4353875		
(State or countr	y under the law of which it is incorporated)	J	(FEI number, if applicable)		
12/14/2021		5.			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)			
3/1/2022					
'	LAKE LAND, FC 37815				
			street address)		
	(Principal		address, if different)		
	(Principal) (Current mater address of Florida registered agent: (iling	address, if different)	2022 J	
	(Principal) (Current ma	iling	address, if different)	2022 APR	
3. Name and <u>stree</u> Name:	(Principal) (Current mater address of Florida registered agent: (iling	address, if different)	SECRETARY O	
	(Principal (Current ma et address of Florida registered agent: (Duane L Kezele	iling P.O.	address, if different)	SECRETIAN OF STATE	

9. Registered agent's acceptance:

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				
☐Chairman Name: Jason Turner		□Chairman	Name: Duane L Kezele	
□Vice Chairman	Address: 939 Quincy St	_	Address: 939 Quincy St	
Director	Lakeland, FL 33815	_ Director	Lakeland, FL 33815	
President		_ President		
□Vice President		_ ■Vice President		
□Secretary	Treasurer	■ Secretary	■ Treasurer	
Other	Other	Other	Other	
□Chairman	Name:	_ □C hairman	Name:	
□Vice Chairman	Address:	_ □Vice Chairman	Address:	
□Director		_ 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	
Important Notice: I ndividuals may be	Jse an attachment to report more than six (6). I added to the index when filing your Florida De	epartment of State Annual Re	I for reporting purposes only. Non-indexed port form.	
	signature of Di	rector 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 of 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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "VALIANT PRODUCTS CHUTES, INC" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FOURTEENTH DAY OF DECEMBER, A.D. 2021, AT 3:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

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

Section 1

Authentication: 203130760

Date: 04-08-22

6498058 8315 SR# 20221001976