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(Re	equestor's Name)	
(Ac	ldress)	
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRE MARY OF STATE

TALL AHASSEE, FLOSING.

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: SPFX Inc.			
SUBJECT.	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"	n by Foreign Corporation fo or "Certificate of Good State corporation to transact busin	inding" and check are sub	
Please return all correspo	ndence concerning this matt	er to the following:	
James W. Beauchamp			
<u> </u>	Name o	f Person	
SPFX Inc.			
	Firm/Co	mpany	
14154 Herdon St.			
	Add	ress	
Spring Hill, Florida 34609			
· · · · · · · · · · · · · · · · · · ·	City/State	and Zip code	
wayne@spfxinc.com			
	E-mail address: (to be used	for future annual report r	notification)
For further information co	oncerning this matter, please	call:	
James W. Beauchamp	at (547 1100	
Name of Person	Area Co	de Daytime Telepl	hone Number
STREET/COUR Registration Section Division of Corporate Centre of Tal 2415 N. Monroe Stallahassee, FL Court	orations Hahassee Street, Suite 810	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	o: FLORIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &

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.

SPFX Inc.				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	",иС	
Special Effects	Inc.			
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transact	ing business in Florida)	
Georgia	3.	95-3590787		
	y under the law of which it is incorporated)	(FEI number, if	applicable)	
Jan 22 2014	5.			
(Date	e of incorporation)	(Date of duration, if other	r than perpetual)	
All work condu	cted out of state on filming location no work con	ducted in Florida		
7. 14154 Herdon St	·	e <u>street</u> address)		
	(Current mailing	address, if different)		
3. Name and stree	et address of Florida registered agent: (P.O. Melinda A Beauchamp	Box NOT acceptable)	· ·	
Name:	Wethida A Beauchamp		2022 SEU	
Office Address:	14154 Herdon St.	<u> </u>	SEURE JAR	
	Spring Hill	, Florida 34609	RY SEE	
	(City)	(Zip code)		
O Bogistand age	ant's accontance		S 15 C	

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.

Meline A Benick (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:	□ Chairman	Name:
□Vice Chairman	Address: 14154 Herdon St. Spring Hill,Fl 3469	□Vice Chairman	Address:
□Director		□Director	
□President		President	James W. Beauchamp
□Vice President		□Vice President	14154 Herdon St. Spring HI F1 34609
■ 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
□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 attace added to the index when filing your Florida Department	nt of State Annual Ro	eport form.
12.	Signature of Director or		
	Signature of Director or	r Officer	
	ctor signing this document (and who is listed in number also information submitted in a document to the Department		

James W Beauchamp President

Control Number: 14030526

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SPFX Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22831326 Date Inc/Auth/Filed: 01/22/2014 Jurisdiction : Georgia Print Date : 03/22/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State



STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

RECEIPT

Transaction Details

Product Description	Business Name	Control No.	Shipped	Order Date	Item Cost	Expedite Fee	Service Charge	Total
Certificate Of Existence	SPFX Inc.	14030526	Online	03/22/2022	10.00	0.00	0.00	10.00

Invoice Total: \$10.00

Payment Details

Payment Type	Check/Reference No.	Amount
Credit Card - VISA	#####6806	10.00

Payment Total: \$10.00