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COVER LETTER

_	ation Section n of Corporations			
SUBJECT: [IDEtips, Inc.			
_	Name	of corporation -	must include suffix	<u>-</u>
Dear Sir or Ma	dam:			
"Certificate of	Application by Foreign Co Existence," or "Certificate ed foreign corporation to t	of Good Standi	ng" and check are subm	
Please return al	l correspondence concern	ing this matter to	o the following:	
Susan Webster				
		Name of Po	erson	
JDEtips, Inc.				
		Firm/Comp	any	
202 North Ave.	Suite 154			
		Address	S	
Grand Junction,	CO 81501			
		City/State and	l Zip code	
susan.webster@				
	E-mail address	s: (to be used for	future annual report not	tification)
For further info	rmation concerning this n	natter, please cal	l:	
Susan Webster		at (985-8583	
Name	of Person	Area Code	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		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	neck for the following amork payable to: FLORIDA D g Fee	EPARTMENT C ig Fee & :		S87.50 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. JDEtips, Inc.	orporation; must include "INCORPORATE	D' "COMBANA" "CODDODATIO	N. "
	orp." "Inc," "Co," or "Corp.")	D, COMPANT, CORPORATIO	'IN.
(If name unavaile	able in Florida, enter alternate corporate nan	no adopted for the purpose of transacti	ing business in Florida)
Colorado	·	01.4630175	ng oustices in richtda)
2. Comado	y under the law of which it is incorporated)	3. (FEI number, if a	(mplicable)
12/06/2016			
¥.	of incorporation)	5. Date of duration, if other	r than perpetual)
1/1/2021	of ficosponation)	tisue of duration, it office	than perperating
). <u></u>		s in Florida, if prior to registration) (4502, F.S., to determine penalty liabi	lity)
202 North Avenu	ic, Suite 154 Grand Junch	ion Co 81501	
/	······	office street address)	
	(Current mai	iling address, if different)	Francis
3. Name and stree	<u>et address</u> of Florida registered agent: (1	P.O. Box NOT acceptable)	
Name:	C T Corporation System		and the second
Office Address:	1200 South Pine Island Road		M 5: 58
	Plantation	, Florida	FATE 58
	(City)	(Zip code)	,
) Dogistani	antle acceptures.		
	ent's acceptance: ied as registered agent and to accept sei	rvice of process for the above state	ed corporation at the place
lesignated in this	application, I hereby accept the appoir	utment as registered agent and agr	ree to act in this capacity. A
	omply with the provisions of all statutes with and accept the obligations of my		ete performance of my auto
,	C T Corporation System	/ · · · · · · · · · · · · · · · · · · ·	
Ву:	Nichol McCo. Nichol McCo. (Registered agent's	roy Assistant Secretary	<u></u>
	(Megistered agent's	s signature)	
10. Attached is a	certificate of existence duly authenticate	ed, not more than 90 days prior to c	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 Penny Allen Susan Webster □ Chairman Name: ☐ Chairman 713 Willow Creek Rd 4275 Park Avenue ☐ Vice Chairman □Vice Chairman Address: Address: Bowser, BC V0R 1G0 Grand Jet, CO 81505 □Director Director Canada **■**President DPresident □ Vice President ☐ Vice President □ Secretary ☐ Treasurer ■ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other ______ Name: _____ Name: ☐ Chairman ∐Chairman □Vice Chairman □Vice Chairman Address: ______ Address: ______ □Director □ Director □President □ President □ Vice President ☐ Vice President □ Secretary []Treasurer □ Secretary □ Treasurer □Other ____ □Other _____ □Other _____ □Other _____ □ Chairman □Chairman Name: _____ Name: _____ ☐ Vice Chairman □Vice Chairman Address: ______ Address: □Director **Director** _____ □President □President □ Vice President □Vice President Secretary ☐ Secretary □Treasurer Treasurer □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 may 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 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.

Susan Webster, Corporate Secretary

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

JDEtips, Inc.

is a

Corporation

formed or registered on 12/06/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161830029.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/03/2022 that have been posted, and by documents delivered to this office electronically through 05/05/2022 @ 09:57:05.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/05/2022 @ 09:57:05 in accordance with applicable law. This certificate is assigned Confirmation Number 13999343



Secretary of State of the State of Colorado

Spirics: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, vivii our Web site, http://

www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."