F 22 10000 4462

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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S. FRANKLIN

JUL 18 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CoachCRM Inc			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Stanc	ling" and check are subn	
Please return all correspondence co	oncerning this matter	to the following:	
Jeremy Sweet			
	Name of F	erson	
Jeremy S. Sweet, CPA LLC			
	Firm/Comp	pany	F-3
2825 Wilcrest Dr., Suite #672			072
	Addre	SS	PH 1: 20
Houston, TX 77042			_
	City/State an	d Zip code	PH
jsweet@jeremyssweet.com			<u> </u>
E-mail a	iddress: (to be used fo	or future annual report no	outication)
For further information concerning	this matter, please ca	ill:	
Jeremy Sweet	at (824-2227	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
~	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
mc., co., c	orp, me, co, or corp.)		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)	
Delaware	3.	87-3433393	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
11/03/2021	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
06/15/2022			
	(Date first transacted business in to (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
6526 Pickens St,	Houston, TX 77007		
	(Principal office	e street address)	
	(Current mailing	22, F.S., to determine penalty liability) e street address) address, if different) Box NOT acceptable)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name and stree	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	
Name:		Box NOT acceptable)	
	Corporation Service Company	Box NOT acceptable)	

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.

Corporation Service Company

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
□Chairman	Name: Cory Bray	□Chairman	Name: Hilmon Sorey			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director	Houston, TX 77007	□ Director	Houston, TX 77007			
President		■President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	Other	□Other			
☐Chairman ☐Vice Chairman ☐Director ☐President	Name:	□Chairman □Vice Chairman □Director □President	Name:Address:			
□Vice President		□Vice President				
☐Secretary ☐FO ☐Other	□Treasurer □Other	☐Secretary	□ Treasurer □ Other □			
□Chairman	Name:	□Chairman □Vice Chairman	Name: PH			
Director		Director				
□President		□ President □ Vice President				
☐ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	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. 12. 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 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. Terem Sweet CFO
(Typed or printed name and capacity of person signing application)

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

DELAWARE, DO HEREBY CERTIFY "COACHCRM 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 THIRTEENTH DAY OF JUNE, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COACHCRM INC."

WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2021.

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

HAY'S OF THE STATE OF THE STATE

Authentication: 203660897

Date: 06-13-22

6359553 8300 SR# 20222701630