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S. FRANKLIN JUL 2 3 2022

COVER LETTER

	istration Section sion of Corporations				
SUBJECT	Bite Ninja, Inc.				
	Nani	e of corporation	- must include suffix		
Dear Sir or l	Madam;				
"Certificate	d "Application by Foreign 6 of Existence," or "Certifica nced foreign corporation to	ite of Good Stan	ding" and check are sub		
Please return	ı all correspondence concer	rning this matter	to the following:		
Trenton Mull	ins				
		Name of	Person		<u> </u>
McDaniel, W	olff & Benca, PLLC				2022 JUL 15 FIT
		Firm/Com	pany		<u> </u>
1307 West Fo	ourth Street				<u></u>
		Addre	ess		
Little Rock, A	AR 72201				رب
		City/State a	nd Zip code		
brittany.kimb	ele@biteninja.com				
	E-mail addre	ess: (to be used f	or future annual report r	otification)	
For further i	nformation concerning this	matter, please c	all:		
Trenton Mull	ins	at (⁵⁰¹	954-8000		
Nai	ne of Person	Area Code	Daytime Telepl	hone Number	
Reg Divi The 241:	REET/COURIER ADDRE istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 8 ahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
	_	DEPARTMENT	OF STATE l \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fe Certificate of St 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.

Bite Ninja, Inc.				
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ŒD." "(COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate n	ame ado	oted for the purpose of transacting busine	ess in Florida)
Delaware		3		
(State or countr	y under the law of which it is incorporate	<i>J.</i>	(FEI number, if applicable)	
4/28/21		5.		
	(Date of incorporation)		(Date of duration, if other than perpetual)	
6. 5/8/22				
7. 7251 Appling Far	ms Parkway, Memphis, TN 38133		F.S., to determine penalty liability) treet address)	2022
	(Current n	nailing a	ddress, if different)	2022 331 15
8. Name and stree	et address of Florida registered agent:	(P.O. B	ox NOT acceptable)	
Name:	Corporation Service Company			Pii 5: 04
Office Address:	1201 Hays Street	 -	_	: 04
	Tallahassee		, Florida	
	(City)		(Zip code)	

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.



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	Orin Wilson Name:	Chairman	Name: Will Clem 7251 Appling Farms Parkway Address: Memphis, TN 38133	
□Vice Chairman	Address: 7251 Appling Farms Parkway	□Vice Chairman		
Director	Memphis, TN 38133	Director		
□President		President		
■ Vice President		□Vice President		
Secretary	Treasurer	Secretary	□ Treasurer	
□Other	Other	□Other	DO her	
□ 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	777
			Other	2
□ Chairman	Name:	□ Chairman	Name:	<u> </u>
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		□Director		
CI President		□ President	****	10
□ 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 attached to the index when filing your Florida Departme	nt of State Annual Re	eport form.	lon-indexed
12	Signature of Director o	r Office:		
she is aware that fa s.817.155, F.S. Vice Preside	tor signing this document (and who is listed in number lise information submitted in a document to the Depart rit			
13.	• -			

(Typed or printed name and capacity of person signing application)

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BITE NINJA, 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 NINETEENTH DAY OF MAY, 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 "BITE NINJA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2021.

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

Elif. 15 PH 5: U4



Jeffrey W. Busioca, Secretary of State

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