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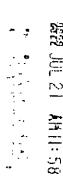
(Requestor's Name)						
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PICK-UP	WAIT MAIL					
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Certified Copies	Certificates of Status					
Special Instructions t	to Filing Officer:					





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COVER LETTER

TO:	Registration Section Division of Corporations		
SHRI	ECT: AlphaBrook Inc.		
SODA	N:	ame of corporation - mi	ust include suffix
Dear S	ir or Madam:		
"Certif		icate of Good Standing	norization to Transact Business in Florida " and check are submitted to register the Florida.
Please	return all correspondence con-	cerning this matter to th	ne following:
Matthe	w Hastings		
		Name of Perso	on
Alphal	Brook Inc.		
		Firm/Company	y
12620	Beach Blvd. Suite 3-415	•	,
		Address	
Jackso	nville, Florida 32246	•	
		City/State and Z	in code
Matt@	AiphaBrook.com	Only/ State and 12	.,,
		dress: (to be used for fu	iture annual report notification)
For fu	ther information concerning th	,	•
Matthe	w Hastings	703 y	988-4631
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADD: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

☐ \$78.75 Filing Fee &

\$87.50 Filing Fee,

□ \$70.00 Filing Fee

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.

(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2620 Beach Blvd Suite 3-415, Jacksonville, Fl. 32246 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew Hastings	(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration)
(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2620 Beach Blvd Suite 3-415, Jacksonville, Fl. 32246 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew Hastings	(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2620 Beach Blvd Suite 3-415, Jacksonville, Ft. 32246 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name:	(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability) 2620 Beach Blvd Suite 3-415. Jacksonville, Fl. 32246 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew Hastings	
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew Hastings	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew Hastings	2620 Beach Blvd Suite 3-415, Jacksonville, Ft. 32246
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Matthew Hastings	
Name: Matthew Hastings 12620 Beach Blvd Suite 3-415	(Current mailing address, if different)
Name: 12620 Beach Blvd Suite 3-415	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Jacksonville Florida 32246 (City) (Zip code)	Name: Matthew Hastings
(City) (Zip code)	fice Address: 12620 Beach Blvd Suite 3-415
(City) (Zip code)	Jacksonville Florida 32246
en e	
Desistand agent's accentance:	Registered agent's acceptance:
	aving been named as registered agent and to accept service of process for the above stated corporation signated in this application, I hereby accept the appointment as registered agent and agree to act in th

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]:

Attached

A. DIRECTORS							
□Chairman	Name: Matthew Hastings	□Chairman	Name:	···			
□Vice Chairman	7956 Hollyridge Rd. Address:	□Vice Chairman	Address:				
□Director	Jacksonville, F1, 32256	□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	CEO	□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			
				- E C			
□Chairman	Name:	□Chairman	Name:	JUL 2			
□Vice Chairman	Address:	□Vice Chairman	Address:	2 m			
□Director		□Director		TIN THE TENTH OF T			
□President		□President	******				
□Vice 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 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.

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That AlphaBrook Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on June 22, 2011;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

RATION COMMISSION

Signed and Sealed at Richmond on this Date:

June 29, 2022

Bernard J. Logan, Clerk of the Commission