F220000

Office Use Only



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2022 JUL 29 PH 2: 57

JUL 29 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT | NO. | : | I20000000195 |
|--|---------|-----|---|--------------|
|--|---------|-----|---|--------------|

REFERENCE : 842276 8386866

AUTHORIZATION : Spelle Recommendation

COST LIMIT : \$ 70.00

ORDER DATE: July 28, 2022

ORDER TIME : 1:59 PM

ORDER NO. : 842276-005

CUSTOMER NO: 8386866

FOREIGN FILINGS

NAME: SUPERR, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--|--|---------------|--|---|
| SUBJ | ECT: SUPERR, INC. | | | |
| 0.000 | | corporation | - must include suffix | |
| Dear S | Sir or Madam: | | | |
| "Certif | iclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran | f Good Stan | ding" and check are subm | |
| Please | return all correspondence concerning | this matter | to the following: | |
| Thoma | as Upchurch | | | |
| | | Name of 1 | Person | |
| Superr. | . Inc. | | | |
| | | Firm/Com | pany | |
| 5396 B | Bentpine Cove Road | | | |
| | | Addre | rss | |
| Jackson | nville, Florida, 32224 | | | |
| | (| City/State ar | nd Zip code | |
| thomas | @thesuperr.com | | | |
| | E-mail address: (| to be used f | or future annual report no | tification) |
| For fur | rther information concerning this mat | ter, please c | all: | |
| Thoma | s Upchurch | 904 | 904 6693795 | |
| Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | Area Code | Daytime Telepho | one Number |
| | | | Registration Sec Division of Cor P.O. Box 6327 | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 |
| Please t | ed is a check for the following amour make check payable to: FLORIDA DEP .00 Filing Fee | ARTMENT | 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.

| ŀ. | Superr, Inc. | | | | |
|----|------------------|--|---------------------------------------|---|----------|
| | | orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATIO | ν," | |
| | The Superr, Inc | | | | |
| | (If name unavail | able in Florida, enter alternate corporate name ado | pted for the purpose of transactir | ig business in Florida) | |
| 2. | Delaware | 3 N/ | 'A | | |
| | (State or countr | y under the law of which it is incorporated) | (FEI number, if ar | pplicable) | |
| 4. | 07/11/2022 | 5. | | | |
| | | of incorporation) 5. | (Date of duration, if other | than perpetual) | |
| 6. | | | | | |
| | | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 | | itv) | |
| 7 | 5396 Bentpine Co | ove Road Jacksonville, FL 32224 | · · · · · · · · · · · · · · · · · · · | · • • • • • • • • • • • • • • • • • • • | |
| 7. | | (Principal office | street address) | | |
| | | | 11 20 200 | | |
| | | (Current mailing a | ddress, if different) | 50 2 | |
| 8. | Name and stree | et address of Florida registered agent: (P.O. E | ox <u>NOT</u> acceptable) | 2022 JUL SECKETA TALLAHA | • |
| | Name: | Corporation Service Company | _ | | TD . |
| О | ffice Address: | 1201 Hays Street | _ | PA PER | 365 |
| | | Tallahassee | , Florida 32301 | € <u>₹</u> % | <u>C</u> |
| | | (City) | (Zip code) | ₹ 5 | |

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

By:

(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: Thomas Upchurch | □Chairman | Name | | |
| □ Vice Chairman | 5396 Rentpine Cove Road | □Vice Chairman | | | |
| Director | Jacksonville, F1, 32224 | Director | | | |
| President | | □President | | | |
| ■ Vice President | | □ Vice President | | | |
| Secretary | Treasurer | □Secretary | | □Treasurer | |
| ■Other CEO | Other | □Other | | □Other | |
| □Chainnan | Name: | □Chairman | Name: | | |
| ■ Vice Chairman | 5396 Bentpine Cove Road | □Vice Chairman | | | |
| Director | Jacksonville, FL 32224 | □ Director | | | |
| □President | | □President | | <u></u> | |
| □Vice President | | □Vice President | | | |
| ☐ Secretary | □Treasurer | □Secretary | | □Treasurer | |
| □Other | □Other | □Other | | □Other | |
| □Chairman | Name: | □ Chairman | Name: | | |
| □ Vice Chairman | Address: | | | | |
| □Director | | Director | | | |
| □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.

Thomas Upchurch, CEO

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SUPERR, 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2022.

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

WAS INCORPORATED ON THE ELEVENTH DAY OF JULY, A.D. 2022.

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

AND SECOND SECON

Authentication: 204030865

Date: 07-28-22