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Flori la Llepattmert of State
Division of Corporations

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
10;	Division of Corporations			
	Fax Number : (850)617-6383			
From:				
	Account Name : C T CORPORATIO	N SYSTEM		
	Account Number : FCA000000023			
	Phone : (954)208-0845			
	Fax Number : (614)573-3996			
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Electronic Filing Menu

Corporate Filing Menu

S. FRANKLIN Help 12 2022

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: Kaity Toon

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.

	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business	s in Florida)	
Delaware		3		
(State or countr	y under the law of which it is incorporated)	3(FEI number, if applicable)		
August 9, 2022		5. Perpetual		
August 9, 2022 5. Per (Date of incorporation)		(Date of duration, if other than perpe	(Date of duration, if other than perpetual)	
upon filing of A	nnlication			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			2024711111	
1840 NE 186th Street, North Miami Beach, FL 33179			<u> </u>	
	(Principal	office <u>street</u> address)	<del></del>	
same as street ad				
(Current mailing address, if different)				
			. <u> </u>	
Name and street	t address of Florida registered agent: (	P.O. Box NOT acceptable)	6	
Name:	Ryan C. Amoils			
ffice Address:	1840 NE 186th Street			
	North Miami Beach	. Florida 33179 (Zip code)		
	(City)	(Zip code)		
aving been nam signated in this rther agree to c	application, I hereby accept the appoi	rvice of process for the above stated corpora ntment as registered agent and agree to act as relative to the proper and complete perfor position as registered agent.	in this capacit	
	Ryan Amoils			

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.

Chairman	Ryan C. Amoils	□Chairman	Name:	
□Vice Chairman	Address: 1840 NE 186th Street	□Vice Chairman	Address:	<del></del>
Director	North Miami Beach, FL 33179	□Director		
■ President		□President		
∃Vice President		□Vice President		
Secretary	■ Treasurer	□Secretary		∃Treasurer
CEO		]Other		□Other
□Chairman	Name:	□Chairman	Name:	
	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
		TlVice President		20
□ Secretary	☐ Treasurer	□Secretary		∃Treasurer.3
□Other	□Other	□ Other		
			<del>-</del>	<del>-</del> P
⊒Chairman	Name:	≟Chairman	Name:	: <del></del>
	Address:	□Vice Chairman	Address:	
IDirector		∐Director		
TPresident		21President		
□Vice President		TiVice President		
□ Secretary	□ Treasurer	Discretary		□Treasurer
□Other	□Other			□Other
<del></del>				
	Use an attachment to report more than six (6). T	he attachment will be image	ed for reporting	purposes only. Non-indexed

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 5.817.155, F.S.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MX LOCKER 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 TENTH DAY OF AUGUST, A.D. 2022.

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

2024 (100 11 Pit 4: 10



Authentication: 204134466

Date: 08-10-22