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S. FRANKLIN AUG 18 2022

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT:	FLINT (3RP,	INC.		
SUBJECT: FLINT GRP, INC. Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application be "Certificate of Existence," o above referenced foreign con	r "Certificate of C	lood Standi	ng" and check are sub		
Please return all corresponde	ence concerning th	his matter (ç	the following:		
		Name of Pe	rson		
FUNT	GKP, IN	10			2
	1	firm/Compa	iny		122
4143	N. OCEA	N BL	VD, APT	201	(<u>=</u>
					15
FIT LAW	IDER DALE	, PL	33308		- P
City/State and Zip code					
E-mail address: (to be used for future annual report notification)					
E	-mail address: (to	be used for	future annual report r	notification)	
For further information cond	erning this matter	r, please cal	1 :		
JACK EPSTIENN	at (734) <u>668 800</u> Daytime Telep) Z	
Name of Person		Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following Please make check payable to: ☐ \$70.00 Filing Fee		RTMENT C te & □:	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Fil Certificat Certified	e of Status &

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. FLINT GRP IN Co
(Enter name of corporation: must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DETAMATE

(State or country under the law of which it is incorporated)

OF/26/1995

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4143 N. OCEAN DLVD, APT 201, FT LUD BROALE, FL 33308 (Principal office street address) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Y143 N OCEAN BLVD, APT ZOI

FORT LAUDERNALE Florida 33308

(City) (Zip code) Name: Office Address: 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. (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: JACK EPSTEIN	□Chairman	Name:
□ Vice Chairman	Address: 4143 N OCEAN BLVD	□Vice Chairman	Address:
□Director	APT 201	□Director	
President	FT LANDEMOSIE, FL	□President	
□ Vice President	33308	□Vice President	
□ Secretary	□Treasurer	□ Secretary	□Treasurer
COther	Other	□Other	Other
⊏Chairman	Name: NAME:	Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
☐ Director		□Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	□Other	
□ Chairman	Name: N/A	□Chairman	Name: N/A 282
□Vice Chairman	Address:		Address:
□Director		□Director	
□President		□President	· 7:
□ Vice President		□Vice President	ω
□ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other		□Other	Other
	Use an attachment to report more than six (6). The at added to the index when filing your Florida Department of Director	ment of State Annual R	
	ctor signing this document (and who is listed in numbalse information submitted in a document to the Department to the D		
13.	JACK EISTEIN,	PRESIDENT	-



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

DELAWARE, DO HEREBY CERTIFY "FLINT GRP, 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 TWENTIETH DAY OF JULY, 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 "FLINT GRP, INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 1995.

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

282/ JUL 15 PR /: 13



Authentication: 203962833

Date: 07-20-22

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