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Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## FOREIGN PROFIT/NONPROFIT CORPORATION Welspot, Inc.

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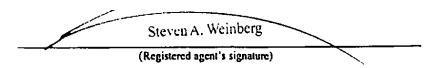
Corporate Filing Menu

## 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.

WELSPOT, INC.				
	corporation; must include "INCORPORATED," "Co Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name adopt	ted for the purpose of transacting business in Florida)		
	Delaware 3.	88-3683810		
(State or coun	ry under the law of which it is incorporated)	(FEI number, if applicable)		
	7-12-2022 5.			
(Dai	e of incorporation)	(Date of duration, if other than perpetual)		
· <del></del>				
· <u></u>	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	S.S., to determine penalty liability)		
	(SEE SECTIONS 607,1501 & 607,1502, F	i Beach, Fl 33139		
	(SEE SECTIONS 607.1501 & 607.1502, F 1815 Purdy Avenue, Miam (Principal office st	i.S., to determine penalty liability)  ii Beach, F1 33139  reet address)		
	(SEE SECTIONS 607,1501 & 607,1502, F	F.S., to determine penalty liability)  ni Beach, Fl 33139  rest address)  Hami Beach, Fl 33139		
	(SEE SECTIONS 607.1501 & 607.1502, F 1815 Purdy Avenue, Miam (Principal office at 1521 Alton Rd- Suite 661, 3	F.S., to determine penalty liability)  ni Beach, Fl 33139  rest address)  Hami Beach, Fl 33139		
	(SEE SECTIONS 607.1501 & 607.1502, F  1815 Purdy Avenue, Miam  (Principal office gt)  1521 Alton Rd- Suite 661, 3  (Current mailing add	F.S., to determine penalty liability)  ni Beach, Fl 33139  rest address)  Hami Beach, Fl 33139		
. Name and stre	(SEE SECTIONS 607.1501 & 607.1502, F  1815 Purdy Avenue, Miam  (Principal office str  1521 Alton Rd- Suite 661, N  (Current mailing add  ct address of Florida registered agent: (P.O. Bo	is Beach, F1 33139  reet address)  fiamt Beach, F1 33139  fress, if different)  x NOT acceptable)		
	(SEE SECTIONS 607.1501 & 607.1502, F  1815 Purdy Avenue, Miam  (Principal office gg  1521 Alton Rd- Suite 661, 5  (Current mailing add  ct address of Florida registered agent: (P.O. Bo  Frank Weinberg & Black, PL	F.S., to determine penalty liability)  ni Beach, Fl 33139  rest address)  Hami Beach, Fl 33139		

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
OChalrman	Name:	□ Chairman	Name:		
☐ Vice Chairman	Address: 1521 Alton Road	☐ Vice Chairman	Address: 1521 Alten Road		
Director	Miami Beach, FL 33139	Director	Miami Beach, FL 33139		
OPresident		President			
OVice President		OVice President			
OSecretary	□Treasurer	[] Secretary	☐Treasurer		
MOther		□Other	DOther		
□Chairman	Name: Gregory Murray  1521 Alton Road  Address:	□Chairman	Name:		
Director	Miami Beach, FL 33139	□ Director			
President		☐ President			
□Vice President	·	□Vice President			
☐Secretary	☐Treesurer	☐ Scordary	☐Tressurer		
□ Other	Other	□ Other	Other		
Chairman	Name:	OChairman	Name:		
☐ Vice Chairman	Address:	☐Vice Chairman	Address:		
□ Director		□ Director			
☐President	· · · · · · · · · · · · · · · · · · ·	President			
□Vice President		OVice President			
Secretary	☐Tressurer	☐Secretary	OTressurer		
□ Other		□0ther			
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	y Care	<u>y</u>			
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 fellony as provided for in s.817.155, F.S.  JC Carey, CEO					
13					
(Typed or printed name and empority or person nighting application)					



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

DELAWARE, DO HEREBY CERTIFY "WELSPOT, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2022.

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

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

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

Authentication: 204191765

Date: 08-18-22