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S. FRANKLIN AUG 2 2 2022

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	FCT: HALLELUJAH HOLDINGS C	ORPÓRATIO	N		
3016		corporation -	must include suffix		
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to trai	f Good Stand	ing" and check are submitte		
Please	return all correspondence concerning	g this matter t	to the following:		
TRAV	IS J DECOSTA				
		Name of P	erson		
		Firm/Comp	oany	2	
2355 8	2ND AVENUE			C	
		Addres	88	_ ;	
VERO	BEACH, FL 32966			70	
		City/State an	d Zip code	<u>कृ</u>	
travis.d	lecosta@flowingstreams.com	- T-S		:-	
	E-mail address: (to be used to	or future annual report notifi	(cation)	
For fu	rther information concerning this mat	ter, please ca	ill:		
travis c	lecosta	401	243		
	Name of Person	(40) Area Code	Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	sed is a check for the following amou make check payable to: F1.ORIDA DEF 0.00 Filing Fee	PARTMENT (i \$87.50 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.

it name unavaua	ible in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)	
DE	ntry under the law of which it is incorporated) 83-1546673 (FEI number, if applicable)		
		(FEI number, it applicable)	
8/10/2018	of incorporation) 5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
NO TRANSAC	FIONS TO DATE		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
601 21ST STREE	T. SUITE 300, VERO BEACH, FL 32960		
	(Principal office	street address)	
	(Current mailing a	address, if different)	
Name and stra-	at address of Florida registered agent: (P.O. I	Box NOT acceptable)	
	TRAVIS J. DECOSTA	-0	
Name:			
fice Address:	1565 48TH AVENUE	بب 	
	VERO BEACH	Florida <u>32966</u>	
	(City)	(Zip code)	

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

(Registered agent's signature)

under the law of which it is incorporated.

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

A. DIRECTORS	RICHARD WILES	~	Jeremy	Wiles			
■ Chairman	Name:	□ Chairman □ Vice Chairman	Name: 2751 SE Monroe Street Address: Stuart, FL 34997				
□Vice Chairman	Address:FORT PIERCE, FL 34945						
Director	TORT FIERCE, FL. 34743	Director	- Studit, 1 17 27				
■President		□President					
□Vice President		■ Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□ Chairman □ Vice Chairman ■ Director	Travis DeCosta Name: 1565 48th Avenue Address: Vero Beach, FL 32966	□Chairman □Vice Chairman □Director	Address:				
□President		□President					
□Vice President		□Vice President					
■ Secretary	■ Treasurer	□ Secretary		☐Treasurer			
□Other		□Other		□Other □			
□Chairman	Name:	□Chairman □Vice Chairman		7			
□Director		□Director		 			
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
individuals may be	Use an attachment to report more than six (6). The attace added to the index-when filling your Florida Departme	chment will be image at of State Annual R	ed for reporting prepart form.	urposes only. Non-indexed			
12	Signature of Director of	or Officer	0 - 70	~ <i>O</i>			
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, E.S. Travis DeCosta, Director							



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

DELAWARE, DO HEREBY CERTIFY THAT "HALLELUJAH HOLDINGS CORPORATION"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TENTH DAY OF AUGUST,

A.D. 2018, AT 10:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "HALLELUJAH HOLDINGS CORPORATION".

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Authentication: 204036721

Date: 07-28-22