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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rolling 18 TNC Name of corporation - mu	·····
Warne of corporation - mu	ist include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to the	e following:
Kyle Stafford Name of Perso	
Name of Perso	n
Firm/Company	
28 FERNWOOD LANE	
28 FERNWOOD LANE  Address  PAlm Coast, Fl 3213  City/State and Zig  Kylestaff609 Camail. Com  E-mail address: (to be used for fut	p code
E-mail address: (to be used for ful	ture annual report notification)
For further information concerning this matter, please call:	
Kyle Starford at (609)  Name of Person Area Code	470 - 110 6 Daytime Telephone 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
	STATE  .75 Filing Fee & \$87.50 Filing Fee, tified Copy 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. (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) (State of country under the law of which it is incorporated)

O2 - 22 - 2022

(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) 28 FERNWOOD LANG Palm Coust FL 32131 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: , Florida <u>32137</u> (Zip code) 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

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

KYLE STASSERD PRESIDENT, DIRECTOR 28 FEROWOOD LANE PALMOAST,

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 Name: □Chairman Name:   □Vice Chairman Address: □Vice Chairman Address:   □Director □Director □President   □Vice President □Vice President □Vice President   □Secretary □Treasurer □Secretary □Treasurer   □Other □Other □Other □Other   □Chairman Name: □Other □Other   □Vice Chairman Address: □Vice Chairman Address:   □Director □Director □Director □President   □Vice President □Vice President □Vice President   □Secretary □Treasurer □Treasurer	A. DIRECTORS	V.						
Director   Dother   Dother   Dother   Dother   Dother   Dother   Director		Name: 1	e Stafford	_				
President	□Vice Chairman	Address: 28	FERN Wood Lan	E PALOT	□Vice Chairman	Address:		
Clairman Name:   Chairman Name:   Chai	Director	<u>.</u>	·		□Director			_
L'Secretary	President				□President			
Other	□ Vice President			_	□Vice President	****		
Chairman   Name:	L Secretary		<b>★</b> Treasurer		□Secretary		□Treasurer	
	Other		□Other	_	□Other	_ <del></del>	□Other	
Director	□ Chairman	Name:		<del></del>	□Chairman	Name:		
President	□Vice Chairman	Address:		_	□Vice Chairman	Address:		
Vice President	Director			_	□Director			
Secretary	□President			_	□President	<del></del>		
Other	□Vice President				□Vice President	- <del>.</del>		
Chairman Name:	☐ Secretary		□Treasurer		☐ Secretary		□Treasurer	
Director	Other		□Other	<del></del>	□Other		⊡Other	
Director								
Director    Director   Director	□Chairman	Name:		_	□Chairman	Name:		
□ President □ Vice President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ □ Other □ □ Other □ Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-irrandividuals may be added to the index when thing 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided	□Vice Chairman	Address:		<del></del>	□Vice Chairman	Address:		
□ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Treasurer    Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-initialized in the index when thing your Florida Department of State Annual Report form.    Signature of Director or Officer   Other □ Othe	□Director			_	□Director			
Secretary	□President			_	□President			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-inindividuals may be added to the index when thing your Florida Department of State Annual Report form.  12. Signature of Director or Officer  The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided	□Vice President			_	□Vice President			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-instandividuals may be added to the index when thing your Florida Department of State Annual Report form.  12. Signature of Director or Officer  The officer or director signing this obcument (and who is fisted in number 11 above) affirms that the facts stated herein are true and she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided	☐ Secretary		Treasurer		□Secretary		□Treasurer	
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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided	□Other		Other		□Other	÷ <del>*</del>	□Other	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided	individuals may be	e added to the jed	ex when thing your Florida	Departmen	it of State Annual Re	eport form.		
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided	· <del>-</del>	100	Signature of I	Director or	Officer			
	she is aware that for	etor signing this alse information s	bocument (and who is listed about the three transfer in a document to the transfer in the tran	in number he Departn	11 above) affirms the ment of State constitu	at the facts states ites a third degree	I herein are true and that he e felony as provided for in	or
13. Typed or printed name and capacity of person signing application)	13.	Kyl (Typed	e 5+0 Soco or printed name and capacit	y of persor	n signing application	1)		

## STATE OF WYOMING Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### Rolling 18 Inc

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on February 22, 2022, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2022-001083444.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of October, 2022 at 9:54 AM. This certificate is assigned ID Number 055832626.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.