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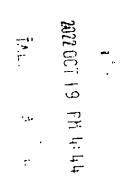
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#### **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Flynn Market	ing Group, Iec.		
SUBJECT:	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence." above referenced foreign control of the co	by Foreign Corporation for or "Certificate of Good States orporation to transact busing	nding" and check are sub	et Business in Florida," mitted to register the
Piease return all correspon-	dence concerning this matte	er to the following:	
Dionne D. Flynn			
	Name o	f Person	
Flynn Marketing group, Inc.			
	Firm/Co	mpany	
18442 Orangecrest Ct		<u></u>	
	Add	ress	
Lehigh Acres Florida 339	36		
	City/State	and Zip code	
dd.flynn@proforma.com			
	E-mail address: (to be used	for future annual report r	notification)
For further information co	ncerning this matter, please	call:	
Dionne D Flynn	770 at (	de Daytime Telep	
Name of Person	Area Co	de Daytime Telep	hone Number
STREET/COUR Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	<ul> <li>⇒: FLORIDA DEPARTMEN</li> <li>□ \$78.75 Filing Fee &amp;</li> <li>Certificate of Status</li> </ul>	☐ \$78.75 Filing Fee & Certified Copy	☐ \$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.

ii name unavan	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bus	iness in Florida)
Georgia		58-2601539	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applical	ole)
Feb 2001	5	(Date of duration, if other than p	
(Date of incorporation)		(Date of duration, if other than p	erpetual)
ΝΛ 			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
3442 Orangecre	st Ct Lehigh Acres Florida 33936	•	
	(Principal offic	ee <u>street</u> address)	
	•	<del></del>	
	(Current mailing	g address, if different)	
			2022 OCT
Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	00T
	Ron Flynn		19
Name:		<del></del>	. P
	18442 Orangecrest Ct.		_b-
		33936	
Name: ice Address:		, Florida 33936(Zip code)	

(Registered agent's signature)

A. DIRECTORS						
□Chairman	Name:	□Chairman □Vice Chairman	Name: Ron Flynn Name: 18442 Orangecrest Ct Address:			
□Vice Chairman	Address:					
□Director	Lehigh Acres Florida 33936	□Director	Lehigh Acres Fia. 33936			
ফ Fresident		□President				
□Vice President		■Vice President				
Diserretary	☐ Treasurer	□Secretary	☐ Treasurer			
□Omer		□Other	□Other			
□Chairma:	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□T reasurer	□Secretary	☐ Treasurer			
□Other		Other	□Other			
□Chairman	Name:	□ Chairman	Name:			
	Address:		Address:			
☐Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	☐Treasurer			
□Other		□Other	□Other			
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.						
DD Flynn	Signature of Director of	((1))/ 4 Officer	VIX + lunn Owner			
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, F.S.						
13. Ron Flynn	(Typed or printed name and capacity of person	n signing application	Con Flynn Cwner			
	(1) per or prince name and capacity or person	approxima	,			

Control Number: 0106238

### STATE OF GEORGIA

## Secretary of State

Conporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

l, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### FLYNN MARKETING GROUP, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23725776 Date Inc/Auth/Filed: 02/05/2001 Jurisdiction : Georgia Print Date : 09/21/2022

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State