F22000066487

| | (Requestor's Name) |
|-------------------------|--------------------------|
| | (Address) |
| | |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | wait Mail |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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| | |

Office Use Only



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2022 OCT 28 AM 9: 58

APPROVED AND FILED

2 0CT 28 AM II: 1

OCT 31 2097 K. Brumbley CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 084114 7550900

AUTHORIZATION : Consider the second of the s

COST LIMIT : \$\int 75

ORDER DATE: October 27, 2022

ORDER TIME : 8:52 AM

ORDER NO. : 084114-005

CUSTOMER NO: 7550900

FOREIGN FILINGS

NAME: SWORD AND WAND INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

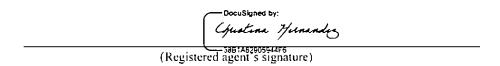
| TO: | Registration Section Division of Corporations | | | |
|----------|---|-----------------|---|--|
| SUBJ | ECT: Sword and Wand Inc. | | | |
| 0000 | | f corporation | - must include suffix | |
| Dear S | ir or Madam: | | | |
| "Certif | iclosed "Application by Foreign Conficate of Existence." or "Certificate or referenced foreign corporation to tra | of Good Star | iding" and check are sub | |
| Please | return all correspondence concernir | ng this matter | r to the following: | |
| Christi | na Hernandez | | | |
| - | | Name of | Person | |
| Sword | and Wand Inc. | | | |
| | | Firm/Con | npany | |
| 3275 S | John Young Parkway STE 506 | | | |
| | | Addr | ess | |
| Kissim | mee, FL 34746 | | | |
| | | City/State a | nd Zip code | |
| thernar | ndez@swordandwand.com | | | |
| • | E-mail address: | (to be used | for future annual report i | notification) |
| For tur | ther information concerning this ma | itter, please o | call: | |
| Christi | na Hernandez | at (259-7726 | | |
| | Name of Person | Area Cod | e 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 | S: | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | section orporations 7 |
| Please r | ed is a check for the following amornake check payable to: FLORIDA DE .00 Filing Fee \$78.75 Filing Certificate of | PARTMENT Fee & | OF STATE \$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.

| | orporation: must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.") | "COMPANY," "CORPORATION | |
|--|---|---|------------------------|
| (If name unavail | able in Florida, enter alternate corporate name ac | lopted for the purpose of transacting | g business in Florida) |
| 2. Delaware 3. | | 8-1264792 | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | |
| 4-7-2022 | 5. | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| . 10-27-2022) | | | |
| | (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 | | |
| . 3275 S John You | ng Parkway STE 506, Kissimmee, FL 34746 | 2, 1.5, to determine penalty habita | <i>"</i> |
| | | e <u>street</u> address) | |
| | (Current mailing | address, if different) | 2022 |
| | et address of Florida registered agent: (P.O. Christina Hernandez | Box NOT acceptable) | FIL 2027 OCT 28 |
| Name: Office Address: | 3275 S John Young Parkway STE 506 | | AH 9: |
| | Kissimmee | —— . Florida ³⁴⁷⁴⁶ | : 5 8 |
| | (City) | (Zip code) | |

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.

DocuSign Envelope 1D: D5648E21-F877-4E21-8CD8-6A7BF9BDD804

A. DIRECTORS

| □Chairman | Christina Hernandez Name: | □Chairman | Name: Michael Hamlin Name: 3275 S John Young Parkway Address: | | | |
|---|------------------------------------|------------------|---|--|--|--|
| □Vice Chairman | Address: 2275 S John Young Parkway | □Vice Chairman | | | | |
| ■Director | STE 506 | Director | STE 506 | | | |
| □President | Kissimmee, FL 34746 | □President | Kissimmee, FL 34746 | | | |
| □Vice President | | □Vice President | | | | |
| ■ Secretary | Treasurer | □Secretary | □Treasurer | | | |
| ■Other CFO | Other | Other CTO | □Other | | | |
| | | | | | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐Secretary | □Treasurer | □ Secretary | □Treasurer | | | |
| □Other | □Other | □Other | □Other | | | |
| | | | | | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □ Vice President | | | | |
| ☐ Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | |
| □Other | □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. 12. Signature of Director or Officer | | | | | | |
| against of Process of Vinces | | | | | | |

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.

3 Christina Hernandez, CEO



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

DELAWARE, DO HEREBY CERTIFY "SWORD AND WAND 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWORD AND WAND INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MARCH, A.D. 2022.

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



Authentication: 204724171

Date: 10-27-22