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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		•
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M. SOLONION

COVER LETTER

	sistration Section ision of Corporations				
SUBJECT	. Giddy Up Inc.				
SOBJECT		of corporation - mu	st include suffix		
Dear Sir or	Madam:				
"Certificate	d "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to to	of Good Standing"	and check are sub-		
Please retur	n all correspondence concerni	ng this matter to the	e following:		
Max Klein					N
		Name of Perso	n		229
Giddy Up In	5.				2022 NOV
		Firm/Company			100 July 4
5729 Westminster Drive					
	-	Address			PK 12: 35
Cedar Falls,	IA 50613				ီ မ
		City/State and Zip	code	-	<u></u>
max@freedc	onstructioninc.com				
	E-mail address	: (to be used for fut	ure annual report n	otification)	
For further i	nformation concerning this m	atter, please call:			
Max Klein		at ()_2	39-0514		
Nai	ne of Person	Area Code	Daytime Teleph	one Number	•
Reg Div The 241	REET/COURIER ADDRESS istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
	a check for the following amo heck payable to: FLORIDA DE ling Fee	PARTMENT OF S' g Fee & \square \$78.	FATE 75 Filing Fee & ified Copy	S87.50 Filing Certificate of Certified Co	of Status &

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.

[dopted for the purpose of transacting business	III Piorida)
lowa	3.	85-1082739	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
5/18/2020	5	(perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpet	ual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
5779 Westminste	r Drive, Cedar Falls, IA 50613	, 1	
		e <u>street</u> address)	
	(Timerpar office	e <u>street</u> address)	
	(Current mailing	- 11 ; C 1; C	, =
	(Curen mann)	g address, it different)	:
	(Curent manng	g address, if different)	
Name and stree			
	et address of Florida registered agent: (P.O. M.C. Klein		TO ABASSE
Name and street Name:	et address of Florida registered agent: (P.O. M.C. Klein		A LANGUAGE OF
Name:	et address of Florida registered agent: (P.O.		Service Arterior
	et address of Florida registered agent: (P.O. M.C. Klein		The Control of the Co

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.

(Registered agent's signature)

A. DIRECTORS Max Klein □ Chairman Name: ______ Chairman Chairman Name: 5729 Westminster Drive ☐ Vice Chairman Address: ☐ Vice Chairman Address: Cedar Falls, IA 50613 ■ Director □ Director ■ President ☐ President □Vice President ☐ Vice President ■ Secretary ■ Treasurer □ Secretary ☐ Treasurer □Other _____ Other Other _____ □Other _____ Name: _____ □Chaiπnan Chairman Name: Address: ____ ☐ Vice Chairman Address: ______ □Vice Chairman Director ☐ Director □ President □President □Vice President ☐ Vice President ☐ Secretary ☐ Secretary ☐Treasurer, ☐Treasurer ☐ Other _____ ☐Other _____ □Other .___ □Other □ Chairman Name: _____ □ Chairman Name: ☐ Vice Chairman □ Vice Chairman Address: Address: □ Director Director ☐ President □President □Vice President _____ □Vice President □Treasurer □ Secretary ☐ Treasurer ☐ Secretary □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. 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 felony as provided for in s.817.155, F.S.

Max Klein, Director & President



SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Issue Date: 10/19/2022

Name: GIDDY UP INC. (490 DP - 632649)

Date of Incorporation: 5/18/2020

Duration: PERPETUAL

I. Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.



Pant Sate

PAUL D. PATE SECRETARY OF STATE





October 27, 2022

MAX KLEIN GIDDY UP INC. 5729 WESTMINSTER DRIVE CEDAR FALLS, IA 50613

SUBJECT: GIDDY UP INC. Ref. Number: W22000135929

We have received your document for GIDDY UP INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

> RECEIVED NOV 0 3 2022

Letter Number: 122A00024162