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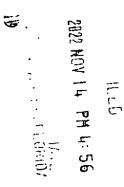
(Requestor's Name)			
(Address)			
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PICK-UP	☐ WAIT	MAIL.	
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Certified Copies	_ Certificates	s of Status	
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COVER LETTER

TO:		tration Section ion of Corporations			
SURI	rct.	Lindor Elite, Inc.			
SCDa	r.c.i.	Name of o	orporation	- must include suffix	
Dear S	Sir or M	ladam:			
"Certi	ficate o	"Application by Foreign Corpored f Existence," or "Certificate of ced foreign corporation to trans	Good Stanc	iing" and check are submitte	isiness in Florida." ed to register the
Please	return	all correspondence concerning	this matter	to the following:	
Wesle	y T. Du	naway, Esq.			
			Name of I		
Kovar	Law Gi	oup			
			Firm/Com	pany	
60 N.	Court A	ve., Stc. 300			
			Addre	SS	
Orland	lo, FL 3	2801			
		(Tity/State ar	nd Zip code	
admin	@ lindor	relite.com			
		E-mail address: (to be used f	or future annual report notif	ication)
For fu	rther in	formation concerning this matt	er, please c	all:	
Wesle	уТ. Du	naway, Esq. at	at (<u>407</u>) <u>603-6652</u>		
	Nan	ne of Person	Area Code	Daytime Telephone	2 Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, State 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please	make c	teheck for the following amous heck payable to: FLORIDA DEP ling Fee	ARTMENT Fee & □ □	OF STATE I \$78.75 Filing Fee & — II Certified Copy	2 \$87.50 Filing Fee. Certificate of Status & Certified Copy



October 21, 2022

WESLEY T DUNAWAY, ESQ 60 N COURT AVE STE 300 ORLANDO, FL 32801

SUBJECT: LINDOR ELITE, INC. Ref. Number: W22000133110

We have received your document for LINDOR ELITE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 422A00023607

RECEIVED

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.

Lindor Elite, Inc			- 	
	orporation; must include "INCORPORATED," " arp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."	
(If name unavaila	ible in Florida, enter alternate corporate name add	opted for the purpose of transacti	ng business in Flor	ida i
Wyoming 2	3,	84-4186218		
(State or country	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	
4. January 7, 2020	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) L.F.S., to determine penalty liabil	lity)	
1718 Capitol Ave	Cheyenne, WY 82001		•	
7	(Principal office	street address)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ -
			•	41 AGN 5285
	(Current mailing :	address, if different)		S
			<u>.</u>	F
Name and <u>street</u>	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	÷	
Name:	Kovar Law Group		ت 	<u>ا</u>
Office Address:	60 N. Court Ave., Ste. 300		Leave.	56
	Orlando	, Floride 32801		
	(City)	(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.



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.

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

A. DIRECTORS	McKinley Lindor		Autumn Lindor
□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	■ Vice Chairman	Address: 1718 Capital Ave.
■ Director	Cheyenne, WY 82001	■ Director	Cheyenne, WY 82001
■ President		□President	
□Vice President		□Vice President	
□Secretary	□ Treasurer	Secretary	☐ Treasurer
□Other	□Other	TOther	Other
TCharman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address
□ Director		□Directo:	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	Other	
□ Chairman	Name;	TChairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
T.Director		□ Director	
□ President		President	
DVice President		□Vice President	
T.Secretary	☐Treasurer	□ Secretary	F. Treasurer
□Other	Other	Other	COther
Important Notice: individuals may be	Use an attachment to report more than six (6). To eadded to the index when filing your Florida De	partment of State Annual R	d for reporting purposes only. Non-indexed eport form.

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 5.817.155, F.S.

STATE OF WYOMING Office of the Secretary of State

I, KAREN L. WHEELER, Deputy Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Lindor Elite, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **January 7, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000893601**.

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 26th day of September, 2022 at 3:07 PM. This certificate is assigned ID Number 055366223.



Deputy 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.