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ن:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230. Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 292165 7185439

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: December 27, 2022

ORDER TIME : 8:19 AM

ORDER NO. : 292165-005

CUSTOMER NO: 7185439

FOREIGN FILINGS

NAME: THE JUNE GROUP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

	gistration Section vision of Corporations		
SUBJEC	The June Group, Inc.		
		corporation	- must include suffix
Dear Sir or	Madam:		
"Certificate	ed "Application by Foreign Corp of Existence," or "Certificate of renced foreign corporation to tra	f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please retu	m all correspondence concerning	g this matter	to the following:
Alex Rotiva	d .		
		Name of	Person
Cooley LLF			
		Firm/Com	pany
55 Hudson	Yards		
	· · · · · · · · · · · · · · · · · · ·	Addre	ess
New York,	NY 10024		
		City/State au	nd Zip code
arotival@co	oley.com		
	E-mail address:	(to be used f	or future annual report notification)
For further	information concerning this made	tter, please c	all:
Alex Rotiva] a:	ı (<u>212</u>	479-6832
Na	me of Person	Area Code	
Reg Div The 241	REET/COURIER ADDRESS: gistration Section vision of Corporations centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	a check for the following amount check payable to: FLORIDA DEP liling Fee	ARTMENT Fcc &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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.

	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)
laware			
tale or coun	try under the law of which it is incorporated)	(FEI number, if app	licable)
/31/2022	5		
(Dat	e of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502		
00 Sutton Pa	ark Dr S, Unit 703, Jacksonville, FL 32224	e, r.o., to dearmine penalty maching	,
	(Principal office	etmat address)	
	(Finicipal office	siteer auditess)	
	(Current mailing	address, if different)	
	(Corrent maning a	address, i different)	2 D E
me and stre	eet address of Florida registered agent: (P.O. 1	Rox NOT acceptable)	DEC 28
	Corporation Service Company	box <u>1101</u> accepatole)	œ
Name:	——————————————————————————————————————	_	- P
Address:	1201 Hays Street		
, 1144 055.	Tallahassee	— 32301	. 5 8
	(City)	, Florida 32301 (Zip code)	
	(City)	(z.ip code)	
zistered ag	ent's acceptance:		
	ned as registered agent and to accept service	of process for the above stated of	corporation at the p
g been nan			
g been nan ated in this	s application, I hereby accept the appointment comply with the provisions of all statutes rela	nt as registered agent and agree	to act in this capaci

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

under the law of which it is incorporated.

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

A. DIRECTORS Britt Morgan-Saks □ Chairman □Chairman Name: _____ 13500 Sutton Park Dr S ☐ Vice Chairman Address: ☐ Vice Chairman Address: Jacksonville, FL 32224 □ Director □Director President □ President ☐Vice President □Vice President Secretary □Treasurer ☐ Secretary □Treasurer □Other CFO ■Other □Other ____ ☐Other □Chairman Name: _____ □Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: ☐Director □Director □President □President ☐ Vice President □Vice President ☐ Secretary ☐Treasurer □ Sccretary ☐ Treasurer ☐ Other _____ □Other Other _____ □ Chairman Name: □ Chairman □Vice Chairman Address: □Vice Chairman 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 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. Britt Morgan-Saks

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE JUNE GROUP, 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 DECEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE JUNE GROUP,

INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D.

2022.

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

Authentication: 205189778

Date: 12-27-22