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(Requestor	's Name)
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(Business	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing C	ficer:
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Office Use Only



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S. FROMMLIN DIC 29 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Chaos League, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brandy Lewis						
		Name	of Perse	on	·	
1. S						
		Firm/C	ompany	,		~
2436 North Federal Hig	hway, #210					;
i	· · · · ·	Ad	dress			
Pompano Beach, Florid	a 33064					· (·)
		City/Stat	e and Z	ip code		~
		Hbra	ndvl	ewis@gm ture annual report n	ail.com	سو
·····	E-mail addi	ress: (to be use	d for fu	ture annual report n	otification)	
For further informatic	n concerning thi	s matter, pleas	e cail:			C.,
Brandy Lewis		213 at (7	92-9832		
Name of Pers	son	Area C	ode	Daytime Teleph	ione Number	
STREET/CO	URIER ADDR	ESS:		MAILING A	DDRESS:	
Registration S			Registration Section			
Division of C	orporations			Division of Corporations		
			P.O. Box 6327	7		
2415 N. Mon Tallahassee, I	roe Street, Suite FL 32303	810		Tallahassee. F	L 32314	
Enclosed is a check for Please make check paya			NT OF	STATE		
□ \$70.00 Filing Fee	🗆 \$78.75 F			.75 Filing Fee &	🔳 \$87.50 Filii	ng Fee,
Ĩ		te of Status		rtified Copy	Certificate Certified C	of Status &

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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.

The Chaos League, Inc.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

THE CHAOS LEAGUE FL INCORPORATED

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2.	California		3	, 9 3.	5-4850635		
	(State or country under the law of which it is incorporated)				(FEI number, if applicable)		
4.	March 12, 2001		5	, Р	erpetual		
	(Date of i	ncorpor	ration)		(Date of duration, if other than po	erpetual)	
6.			01/01	20	022		
		(SI	(Date first transacted business EE SECTIONS 607.1501 & 607.		lorida, if prior to registration) 2, F.S., to determine penalty liability)		
7.	2436 North Federal H	ighway	, #210, Pompano Beach, Florida	330	54		
			(Principal of	ffice	street address)		
	2436 North Federal H	lighwa	/, #210, Pompano Beach, Florida	330	64		
			(Current mail	ling	address, if different)	5.53	
8.	Name and street ad	dress d	of Florida registered agent: (P	.0.	Box <u>NOT</u> acceptable)	:	
	Name: B	randy (.ewis			 (.)	
Of	fice Address: 24	436 No	th Federal Highway, #210,			-13	
	Po	ompano	Beach		, Florida ³³⁰⁶⁴	- :	
			(City)		(Zip code)	ري ري	

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.

A. DIRECTORS

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Chairman Name:	Chairman	Etha Name:	n Suplee	DChairman	Name:	BRANDY LEWIS
Director 33064 Director PoweGano Beach, Egg President Dresident Director Generative Vice President Other Other Other Chairman Name: Other Other Other Chairman Name: Other Other Other Chairman Name: Other Other Other Ovice President Ovice President Other Other Other Other Other <th>□Vice Chairman</th> <th>24 Address:</th> <th>36 N Federal Highway #210, W POM PANO-BEACH-E1</th> <th>□Vice Chairman</th> <th>Address:</th> <th>2436 N. FEDERALHU</th>	□Vice Chairman	24 Address:	36 N Federal Highway #210, W POM PANO-BEACH- E1	□Vice Chairman	Address:	2436 N. FEDERALHU
President President Ovice President President Secretary Treasurer Other Other President Other Other Other <td></td> <td></td> <td>· · ·</td> <td></td> <td>Pov</td> <td>npano Beach, FL #</td>			· · ·		Pov	npano Beach, FL #
Secretary D'Treasurer Deter	President			President		. 330
BOther	□Vice President			□Vice President		
Chairman Name:			Treasurer	Recretary		Treasurer
Vice Chairman Address:	DOther		Other	Other		Dother
Director Director President President Vice President Vice President Other Other Other Other Other Other Other Other Director Other Other Other Director Other Director Director Director Director Director Director Director Director Other Director Other Director Director Director Other Director Secretary Treasurer Other Other Important Natice: Use an attachment to report more than	□Chairman	Name:		Chairman	Name:	
President President Vice President Vice President Secretary Treasurer Other Other President Other Other Other Important Notice Use an attachment to report more than six (6). The attachment will be imaged To reporting purposes only. Non-indexe	□Vice Chairman	Address:		□Vice Chairman	Address:	
Vice President	Director			Director		
Secretary Treasurer Secretary Treasurer Other Other Other Other Other Chairman Name: Chairman Name: Image: Chairman Vice Chairman Address: Image: Chairman Image: Chairman Vice Chairman Address: Image: Chairman Image: Chairman Director Image: Chairman Address: Image: Chairman President Image: Chairman Chairman Address: Vice President Image: Chairman Image: Chairman Image: Chairman Vice President Image: Chairman Image: Chairman Image: Chairman Other Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman Image: Chairman <td< td=""><td>President</td><td></td><td></td><td>□President</td><td></td><td></td></td<>	President			□President		
Other Other Other Other Chairman Name: Other Other Vice Chairman Address: Other Other Director Director Other Other President President President Other Secretary Treasurer Secretary Treasurer Other Other Other Other Important Nutice: Use an attachment to report more than six (6). The attachment will be imaged to reporting purposes only. Non-indexed individuals may be added to the index when filing your Slorida Dynamment of State Annual Report form. 12. 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 o 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.817.15, F.S.	□Vice President			□Vice President		
OChairman Name:	Secretary		Treasurer	Secretary		Treasurer
Ovice Chairman Address: Ovice Chairman Address: Ovice Chairman Address: Opresident Ovice President Ovice President Ovice President Ovice President Ovice President Other Ovice President Ovice President Important Notice: Use an attachment to report more than six (6). The attachment will be imaged to reporting purposes only. Non-indexed individuals may be added to the index when filing your Norida Deartment of State Annual Report form. 12. 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 o 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. Ethan Suplee File	□Other		□Other	□Other		Other
Director Director Director Director Director Co Dresident Director Vice President Director Secretary Treasurer Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes orly. Non-indexed individuals may be added to the index when filing your Klorida Department of State Annual Report form. 12. 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 o 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. Fibar Surplee Fibar Surplee	🗇 Chainnan	Name:		□Chairman	Name:	
President President Vice President Vice President Secretary Treasurer Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged to reporting purposes only. Non-indexed individuals may be added to the index when filing your Norida Department of State Annual Report form. 12. 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 o 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. Fthan Sunlee Fthan Sunlee	□Vice Chairman	Address:		□Vice Chairman	Address:	
Vice President Vice President Secretary Treasurer Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged To reporting purposes only. Non-indexed individuals may be added to the index when filing your Vorida Department of State Annual Report form. 12. 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 o 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. Ethan Surplee	Director	<u></u>		Director		·
Secretary Treasurer Secretary Treasurer Other Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged to reporting purposes only. Non-indexed individuals may be added to the index when filing your Norida Department of State Annual Report form. Other 12. Signature of Director or Officer 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 o 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. Ethan Suplee Ethan Suplee	President			President		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Other Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged Tole reporting purposes only. Non-indexed individuals may be added to the index when filing your Norida Department of State Annual Report form. 12. 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 o 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. Ethan Suplee	Uvice President			□Vice President		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged to reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12	Secretary		□ Treasurer			Treasurer
individuals may be added to the index when filing your Florida Department of State Annual Report form. 12	□Other		□Other	□Other		[] Other
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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. Ethan Suplee			Signature of Director of	or Officer	\bigtriangleup	
13 Ethan Suplee	she is aware that fa					
(Typed or printed name and capacity of person signing application)	13. Ethan Suple					



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:THE CHAOS LEAGUE, INC.Entity No.:2335724Registration Date:03/12/2001Entity Type:Stock Corporation - CA - GeneralFormed In:CALIFORNIAStatus:Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 01, 2022.

-

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 063130920

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.