F23000000256

(Requestor's Name)				
(Address)				
(Address))			
(City/Stat	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	s Entity Name)			
(Docume	nt Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing	Officer:			
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11/14/22--01020--015 4407.00



JAN 17 2023 M. SCLOMON

COVER LETTER

SUBJECT: Todd Enterprises Inc				
Name of corporation - 1	must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	ng" and check are submitted to register the			
Please return all correspondence concerning this matter to	the following:			
Jeremy Todd				
Name of Pe	rson	:	29	
Todd Enterprises Inc		· · ·	2023 JAN 17	
Firm/Compa	ıny		JAN	,
12394 Glimmer Way			17	1
Address			3.	
Jacksonville, FL 32219		2-1	င္မပ	
City/State and	Zip code		55	
jeremy@gotpopeye.com				
E-mail address: (to be used for	future annual report notification)			
For further information concerning this matter, please call	I :			
Jeremy Todd 425	2440579			
Name of Person Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee		: <u>()</u> =		\Box
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314			

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.

Todd Enterprise	s inc	
	corporation; must include "INCORPORATED," 'corp." "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"
Pos	pege Energy Ir	10 Opted for the purpose of transacting business in Florida)
	apie in tronca, enter alternate corporationame add	opied for the purpose of transacting ousiless in Fiorida)
<u>WA</u>	y under the law of which it is incorporated)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
March 2, 2016	5	
(Date	55.	(Date of duration, if other than perpetual)
	(Date first transacted business in F	lorida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)
60 E Monticello	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)
60 E Monticello	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282	2, F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office	2, F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219	street address)
	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219	2, F.S., to determine penalty liability)
12394 Glimmer	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219 (Current mailing a	street address) address, if different)
12394 Glimmer	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219	street address) address, if different)
12394 Glimmer . Name and street	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219 (Current mailing a	street address) address, if different)
12394 Glimmer	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219 (Current mailing a get address of Florida registered agent: (P.O. I Jeremy Todd	street address) address, if different)
12394 Glimmer . Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219 (Current mailing a get address of Florida registered agent: (P.O. I	street address) address, if different)
12394 Glimmer . Name and street Name:	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219 (Current mailing a et address of Florida registered agent: (P.O. I Jeremy Todd 12394 Glimmer Way	street address) address, if different) Box NOT acceptable)
12394 Glimmer . Name and street	(SEE SECTIONS 607.1501 & 607.1502 Dr Camano Island, WA 98282 (Principal office Way Jacksonville, FL 32219 (Current mailing a et address of Florida registered agent: (P.O. I Jeremy Todd 12394 Glimmer Way	street address) address, if different)

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.

(Registered agent's signature)

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			u u pim
□ Chairman		□Chairman	Name: Holley Biffle
□Vice Chairman	Address: 12394 Glimmer Way	□Vice Chairman	Address: 12394 Glimmer Way
□Director	Jacksonville, FL 32219	Director	Jacksonville, FL 32219
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	2023
□Vice President	<u> </u>	□Vice President	မေ
□Secretary	☐Treasurer	☐ Secretary	☐ Treasurer
Other	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
	Use an attachment to report more than six (6). The attact pudded to the index when filing four Florida Department of Director or Signature of Director or	nt of State Annual Re	port 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.

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

TODD ENTERPRISES INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/02/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/04/2023 UBI Number: 603 590 839

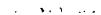
STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01/04/2023





December 7, 2022

JEREMY TODD TODD ENTERPRISES INC 12394 GLIMMER WAY JACKSONVILLE, FL 32219

SUBJECT: TODD ENTERPRISES INC

Ref. Number: W22000150342

We have received your document for TODD ENTERPRISES INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The registered agent must sign accepting the designation.

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.

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

Mel Solomon Senior Section Administrator

www.sunbiz.org

Letter Number: 422A00027122