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S. ROBERTS

JAN 1 8 2023

# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	ECT:	Thirsty Bike	er Inc	
3000		f corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Cor ficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stand	ling" and check are sub	
Please	return all correspondence concernin	g this matter	to the following:	
		William He	owarth	
		Name of F	erson	
		Thirsty Bike	er Inc	
		Firm/Comp	pany	
		3055 Congre	ss St	
		Addre	SS	
		North Port, I	FL 34288	
		City/State an	d Zip code	
	willian	1_howarth@ho	tmail.com	
	E-mail address:	(to be used fo	or future annual report r	notification)
For fu	rther information concerning this ma	tter, please ca	dt:	
Chris Dutery		941 at (	474-8082	
	Name of Person	Area Code	Daytime Telep	hone Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7
Please	sed is a check for the following amounake check payable to: <b>FLORIDA DE</b> 0.00 Filing Fee	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

1	Thirsty Biker, Inc					
		corporation; must include "INCORPORATED. "orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	,",MC		
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business	s in Florida)	
2.	Delaware	3	87-1935318			
۷.	06/02/2021	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4.	(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
6.						
7	3055 Congress St	(SEE SECTIONS 607.1501 & 607.1 I, North Port, FL 34288		ility)		
		(Principal off	ice <u>street</u> address)	=	2022	
		·	ng address, if different)	***	1022 bec 22	
8.	Name and stree	et address of Florida registered agent: (P.C	J. Box NOT acceptable)		<u> </u>	
	Name:	William Howarth	<u>.</u>		<i>\(\frac{\times}{\tr}\).</i>	
Of	fice Address:	3055 Congress St	<del></del> -		$\frac{1}{\omega}$	
		North Port	, Florida			
		(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.

(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 William Howarth □ Chairman Name: □ Chairman Name: 3055 Congress St □Vice Chairman Address: □ Vice Chairman Address: North Port, FL 34288 □ Director □ Director President □ President □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director \_\_\_\_\_ □ President □ President □Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Name: □Chairman □ Chairman Name: \_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director ☐ President □President □Vice President \_\_\_\_\_ □Vice President ☐ Secretary ☐ Treasurer ☐ Sccretary ☐ 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. 12-19-22 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. William Howarth, President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "THIRSTY BIKER, 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 ELEVENTH DAY OF DECEMBER, A.D. 2022.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 205062203

Date: 12-11-22