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(Re	equestor's Name)	
(Ad	Idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT:	<u>Hoy</u>							
		Nar	ne of	corporation -	must in	clude su	iffix	
Dear Sir or M	1adan	1:						
"Certificate o	of Exi		ate of	Good Standi	ing" and	check a		act Business in Florid ubmitted to register th
Please return	all co	orrespondence conce	rning	this matter to	the foll	owing:		
John Santos								
				Name of Pe	erson			
Howloo, Inc.								
-				Firm/Comp	any			
395 E Lincoln	Ave.							
				Addres	s			
Labelle, FL.	3935							
			(City/State and	I Zip coo	de		
		50	HNI	@ HOW 2	_00.0	COM		t notification)
		E-mail addi	ess: (to be used for	future a	innual re	грог	t notification)
For further in	ıform	ation concerning thi	s mati	er, please cal	l:			
John Santo	s							
	<u> </u>		at	(941) 224-52		783. 1	
Nan	ie of	Person		Area Code	I.	Jaytıme	lel	ephone Number
Regi Divi: The (2415	stration o Centro N. M	COURIER ADDRI on Section of Corporations e of Tallahassee fonroe Street, Suite 3 e, FL, 32303				Registra Division P.O. Bo	atioi n of x 63	ADDRESS: a Section Corporations (27) , FL 32314
		k for the following a ayable to: FLORIDA			F STATE	₹		
Filing Fee		\$78.75 Filing Fee	Ŀ	Ø \$78.75 1	Filing Fe	ee &		\$87.50 Filing Fee,
		Certificate of Stati	IS	Certifie	d Copy			Certificate of Status

SAPPLICATION 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.

"Co.," "Corp." "	torporation; must include "INCORPORATED," Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION," "I	nc"			
(If name unavail	able in Florida, enter alternate corporate name ac	opted for the purpose of transacting but	siness in Florid			
Delaware						
Delaware (State or country under the law of which it is incorporated)		(FEI number, if applicable)				
(Dat	e of incorporation)	(Date of duration, if other than perpetual)				
January 1, 20	177					
•	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	02. F.S., to determine penalty liability)				
•	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15					
•	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 1 Ave., Labelle, FL. 33935 (Principal office)	02. F.S., to determine penalty liability)	2023			
395 E Lincoln	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 1 Ave., Labelle, FL. 33935 (Principal office)	O2. F.S., to determine penalty liability) e street address) address, if different)	2023 FT D -			
395 E Lincoln	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 1 Ave., Labelle, FL. 33935 (Principal office) (Current mailing)	O2. F.S., to determine penalty liability) e street address) gaddress, if different) Box NOT acceptable)	2023 FTO - 3			
395 E Lincoln Name and stre Name:	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 1 Ave., Labelle, FL. 33935 (Principal office (Current mailing et address of Florida registered agent: (P.O. John Santos	O2. F.S., to determine penalty liability) e street address) gaddress, if different) Box NOT acceptable)	-3 PH			
395 E Lincoln	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 1 Ave., Labelle, FL. 33935 (Principal office) (Current mailing) et address of Florida registered agent: (P.O.	O2. F.S., to determine penalty liability) e street address) gaddress, if different) Box NOT acceptable)	-3 PH			
395 E Lincoln Name and stre Name:	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 1 Ave., Labelle, FL. 33935 (Principal office (Current mailing et address of Florida registered agent: (P.O. John Santos	O2. F.S., to determine penalty liability) e street address) gaddress, if different) Box NOT acceptable)	ري د			

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 dyly 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	·					
□ Chairman	Name: John Santos	□Chairman	Name:			
□ Vice Chairman	Address: 395 E Lincoln Ave.	□Vice Chairman	Address:			
Director	Labelle, FL. 33935	□Director				
President		□President				
□ Vice President	·	□ Vice President	•			
□ Secretary	□Treasurer	□Secretary		□Treasurer		
Other CEO		Other		□ Other		
□ Chairman	Name: Rachael A. Santos	□Chairman	Name:			
□ Vice Chairman	Address: 395 E Lincoln Ave.	□ Vice Chairman	Address:			
Director	Labelle, FL. 33935	□Director				
President		□President				
☐ Vice President		□ Vice President		_ 		
Secretary	Treasurer	□ Secretary		□Treasurer		
Other <u>CFO</u>		□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		□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. 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.			3 = u u u u u u u u u u u u u u u u			
13. John Santos	(Typed or printed name and capacity of persor	ı signing application)				

HOWLOO LLC

February 3, 2023

John Santos Howloo LLC 1181 S Sumter Blvd #357 North Port, FL 34287

Dear Secretary of State:

I am submitting my application to qualify Howloo, Inc., a Delaware corporation, to do business in Florida. I am the manager of Howloo, LLC, which has converted into a Delaware corporation. We hereby provide you with consent to qualify Howloo, Inc., Delaware corporation to do business in Florida using the name Howloo.

Sincerely yours,

John Santos

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOWLOO, 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 NINTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOWLOO, INC."

WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202451486

Date: 01-09-23

6011532 8300 SR# 20230071785