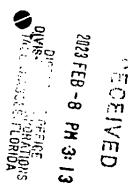
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S. ROBERTS

JAN - 9 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>02/08/2023</u>	_	**WALK IN**
ENTITY NAME_BRAD	SHAW 3 INC	
DOCUMENT NUMBER		
	PLEASE FILE TI	HE ATTACHED AND RETURN
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts	& Amendments Complete File (Inclading Annual Reports)
	APOSTILLE' / I	NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA		
TOTAL OWED \$ 70		ACCOUNT # 120140000108 (City) United Corporate Services, Inc. Any issues or concerns, Thank you so much!
Please call Tina at ti	he above number for i	any issues or concerns. Thank you so much!

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. BRADSHAW 3	INC.		
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail:	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busing	ness in Florida)
2. New York	3		
(State or countr	y under the law of which it is incorporated) 3	(FEI number, if applicabl	e)
03/24/2014 4.	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
S. upon filing			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
, 15153 Bridgewater Crossings Blvd., Winter Garden, FL 34787			20
1	(Principal office	e <u>street</u> address)	· · · · · · · · · · · · · · · · · · ·
			Ç.
	(Current mailing	address, if different)	c ɔ
			i i i i i i i i i i i i i i i i i i i
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	Ü
Name:	Jared Bradshaw		(3
Office Address:	15153 Bridgewater Crossings Blvd.		
	Winter Garden	 . Florida ³⁴⁷⁸⁷	
	(City)	, Florida	
Having been nam designated in this further agree to co and I am familiar —	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agree to a lative to the proper and complete perfection as registered agent.	ct in this capacity. Formance of my duti
the Department of	certificate of existence duly authenticated, n State, by the Secretary of State or other offinition of the comments of the com		

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

A. DIRECTORS Name: Lindsay Northen Jared Bradshaw Name: Chairman □ Chairman □Vice Chairman Address: _____ Address: _____ □Vice Chairman 15153 Bridgewater Crossings Blvd. 15153 Bridgewater Crossings Blvd. □ Director □Director Winter Garden, FL 34787 Winter Garden, FL 34787 President President □Vice President _____ ■ Vice President □Treasurer □Treasurer □Secretary ☐ Secretary □Other ____ □Other _____ □Other _____ □Chairman Name: □ Chairman □Vice Chairman Address: ☐Vice Chairman Address: ☐ Director □ Director □President □President □Vice President _____ □Vice President ☐ Treasurer □Treasurer ☐ Secretary ☐ Secretary □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 □Ωther_ Other ____ □Other _____ purposes only. Non-indexed Important Notice: Use an attachment to report input than six (6). The attachment will be interested in the state of the st individuals may be added to the index when filing your Florida Devartment of State Annual Jepon 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.

Jared Bradshaw, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

BRADSHAW 3 INC.

DOS ID Number:

4549206

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

03/24/2014

Statement Status:

CURRENT

Statement Due Date:

03/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 08, 2023 at 01:49 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

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