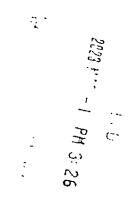
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	· -
(Cit	ty/State/Zip/Phone #))
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. LEMIEUX MAR 2 0 2023

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: The Match			
SUBJECT: The Mater		on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	on by Foreign Corporation f e," or "Certificate of Good S n corporation to transact busi	anding" and check are su	
Please return all corresp	ondence concerning this mat	ter to the following:	
Mike Carroll			
	Name	of Person	
The Matchmaking Compa	ny		
	Firm/C	ompany	
3040 N Hemlock Cir			
	Ad	dress	
	City/Stat	e and Zip code	
D 1 4 OF 2101	•	e and zap code	
Broken Arrow, OK 7401:	E-mail address: (to be use	d for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Mike Carroll	at (918) 633-0240	
Name of Person		ode Daytime Tele	phone Number
Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810	MAILING A Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27
Enclosed is a check for	the following amount: e to: FLORIDA DEPARTME	NT OF STATE	
■ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy
		RECENTED	

MIR CILLI

* 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.

	orp," "Inc." "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transact	ing busines	s in Florida)
Oklahoma	3. 73	3-1579882		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)	
12/9/1999	5	(Date of duration, if othe		
(Date	of incorporation)	(Date of duration, if other	r than perp	etual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)	
1211 N Westshor	re Blvd, #100 Tampa, FL 33607			
	(Principal office	street address)		
3040 N Hemlock	Cir Broken Arrow, OK 74012			
-	(Current mailing a	address, if different)		
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		0.3
Name:	William Paye) 1923 1923
ffice Address:	1211 N. Westshore Blvd, #100			2623 71.5
ince Address:	1211 W. Westandle 1774, 9100			<u>.</u>
		, Florida <u>33607</u>		
	(City)	(Zip code)		⊐r.
				ယ္
Registered ag	ent's acceptance:			\sim
aving been nam	ed as registered agent and to accept service	• .	-	ation at the
aving been name esignated in this	ed as registered agent and to accept service application, I hereby accept the appointmen	nt as registered agent and ag	ree to act	ation at the in this capa
laving been nam esignated in this orther agree to c	ted as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and ag utive to the proper and compl	ree to act	ation at the in this capa
laving been nam esignated in this urther agree to c	ed as registered agent and to accept service application, I hereby accept the appointmen	nt as registered agent and ag utive to the proper and compl	ree to act	ation at the in this capa
laving been nam esignated in this urther agree to c	ted as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes related with and accept the obligations of my positions.	nt as registered agent and ag utive to the proper and compl	ree to act	ation at the in this capa
laving been nam esignated in this urther agree to c	ted as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and ag utive to the proper and compl ion as registered agent.	ree to act	ation at the in this capa

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						
□Chairman	Name: Charleen Brotherton	□Chairman	Name: Michael Carroll			
□Vice Chairman	Address: 3040 N Hemlock Cir	□Vice Chairman	Address: 3040 N Hemlock Cir			
□Director	Broken Arrow, OK 74012	□Director	Broken Arrow, OK 74012			
President		□President				
□Vice President		■Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□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	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			
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. Charleen Bruth 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.

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that THE MATCHMAKING COMPANY INC whose registered agent is <u>INCORP_SERVICES_INC</u>, with its registered office at 324 N. ROBINSON AVE SUITE 100 OKLAHOMA CITY 73102 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 12th, day of December, 2022.

Secretary Of State

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OFFICE OF THE SECRETARY OF STATE



AMENDED **CERTIFICATE OF INCORPORATION**

WHEREAS, the Amended Certificate of Incorporation of

THE MATCHMAKING COMPANY INC

has been filed in the office of the Secretary of State as provided by the laws of the State of Okluhoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



Filed in the city of Oklahoma City this 29th day of November, 2022.

Secretary of State