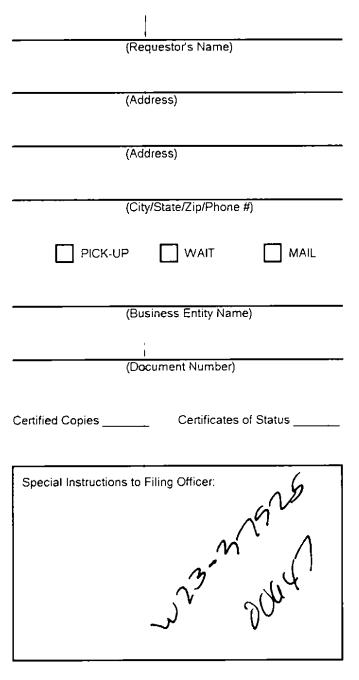
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#### **COVER LETTER**

TO:	O: Registration Section Division of Corporations							
SUBJ	ECT: Critical Enter	tainment, Inc						
			on - must include suffix					
Dear S	Sir or Madam:							
"Certi	ficate of Existence,"	by Foreign Corporation fo or "Certificate of Good Sta orporation to transact busin	inding" and check are sub					
Please	return all correspond	lence concerning this matte	er to the following:					
Daniel	M Wilkerson			20				
		Name o	f Person	2023 APR				
Critical Entertainment, Inc								
		Firm/Co	mpany	5 6				
6970 S	Sw 40 Th Street # 319			SSE THE C				
		Add	ress	4.0. <b>0.</b>				
Miami	, FL 33155			The to				
		City/State	and Zip code					
kingde	om411@gmail.com							
		E-mail address: (to be used	for future annual report	notification)				
For fu	rther information cor	cerning this matter, please	call:					
Mark M Wilkerson at (305			) 987-0076					
	Name of Person	Area Co	de 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 C P.O. Box 632 Tallahassee, I	Section orporations 7				
Please		FLORIDA DEPARTMEN	T OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	S87.50 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. Critical I	Critical Entertainment, Inc							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")							
(If name t	mavailable in Florida, enter alternate corp	orate name adop	ted for the purpose of transacti	ng business in Florida)				
2. Maryland	Maryland		30-0417688					
(State or	country under the law of which it is inco	rporated)	(FEI number, if applicable)					
4. 01/01/20		5						
	(Date of incorporation)		(Date of duration, if other than perpetual)					
6								
	·		rida, if prior to registration) F.S., to determine penalty liabi	lity)				
	(BEL BICTIONS OUTE	W 60 007,1502,	i .5., to determine penany naoi	iity)				
7	/1	rincipal office si	reet address)	282				
6970 SW	40 Th Street#319 Miami, FL 33155	Timespar office <u>si</u>	rect address;	023 APR				
		urrent mailing ad	dress, if different)	70 mm				
		Ü		<b>5</b>				
8. Name an	d street address of Florida registered	agent: (P.O. Be	ox <u>NOT</u> acceptable)	FE PH 6: 19				
Na	me: Daniel M Wilkerson			F. 4.				
		·	-	, <sub>A</sub> , <b>W</b>				
Office Addr	ess: 6970 Sw 40 Th Street# 319		_					
	Miami		, Florida <u>33155</u>					
	(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 Name: Daniel M Wilkerson Chairman Name: Chairman Chairman Address: 6970 SW 40 Th Street#319 Miami F L □ Vice Chairman ☐ Vice Chairman Address: □ Director □Director □ President □President ☐ Vice President ☐ Vice President □Treasurer ☐ Secretary □Treasurer □ 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 □Other \_\_\_\_\_ □Other \_\_\_\_ ElOther\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ 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 و State Annual Report 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.

(Typed or printed name and capacity of person signing application)

Daniel M Wilkerson

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND. DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CRITICAL ENTERTAINMENT INC. (D11089091). INCORPORATED JANUARY 31, 2006, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND. AT BALTIMORE ON THIS MARCH 22, 2023.

2023 APR -6 PM 6: 45

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 (Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 220vfEM9pEKu0SRKCkyzBA To verify the Authentication Code, visit http://dat.maryland.gov/verify