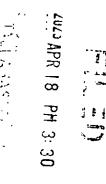
## F23000002246

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400405822864





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 668114 8289548

COST LIMIT : \$,70.00

ORDER DATE: April 12, 2023

ORDER TIME : 8:54 AM

ORDER NO. : 668114-005

CUSTOMER NO: 8289548

## FOREIGN FILINGS

NAME: MISS PEPPER AI, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	FCT: MISS PEPPER AL, INC.		
0000		tion - must include suffix	
Dear S	ir or Madam;		
"Certif	nclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good S referenced foreign corporation to transact bus	Standing" and check are submitte	isiness in Florida," ed to register the
Please	return all correspondence concerning this ma  Panie   P.  Name  Miss Pepper A  Firm/C	tter to the following:  KUTIZ  of Person	
	Miss Pepper A	I, INC.	
	Firm/C	'ompany	
	2426 Indian Oa	k C+.	
	Ac	ldress	
	Palm Hurbor	FL 34683 te and Zip code PEPPES OF tee for future annual report notifi	
	City/Stat	te and Zip code	
	SUPPORTOMISSY	repressal	·
	É-mail address: (to be use	ed for future annual report notifi	cation)
For fur	ther information concerning this matter, pleas	se call:	
Da.	niel Kurtz au 63	Code Daytime Telephone	
	Name of Person Area C	Tode Daytime Telephone	Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDR Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations
Please m	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTME 00 Filing Fee	NT OF STATE  □ \$78.75 Filing Fee & □	\$87.50 Filing Fee,
	Certificate of Status	Certified Copy	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.

(If name unav	nilable in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)	
Delaware	3.	(FEI number, if applic		
	3. ntry under the law of which it is incorporated)	(FEI number, if applicable)		
03/17/2023	5.			
(Da	ate of incorporation)	(Date of duration, if other than perpetual)		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
2426 Indian (	Dak Ct. Palm Harbor, FL 34683-2817			
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)		
	,	·\$ ···································		
			2023 TA	
Name and st	reet address of Florida registered agent: (P.C		ZUZ3 APR	
Name and str			ZUZ3 APR 18 ZZÁLLAM	
Name:	Corporation Service Company		ZUZ3 APR 18 F	
Name:	Corporation Service Company  1201 Hays Street	D. Box <u>NOT</u> acceptable)		
Name:	Corporation Service Company  1201 Hays Street  Tallahassee	D. Box <u>NOT</u> acceptable)	P# 3:	
Name:	Corporation Service Company  1201 Hays Street	D. Box <u>NOT</u> acceptable)		
Name: Tice Address: Registered a	Corporation Service Company  1201 Hays Street  Tallahassee  (City)	). Box NOT acceptable) Florida 32301(Zip code)	PH 3: 30	
Name: Tice Address: Registered a aving been na	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  agent's acceptance:  med as registered agent and to accept service	). Box NOT acceptable)  Florida 32301  (Zip code)  ce of process for the above stated co	PR & & & & & & & & & & & & & & & & & & &	
Name: ffice Address:  Registered a aving been na signated in th rther agree to	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  sigent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointm comply with the provisions of all statutes re	2. Box NOT acceptable) , Florida 32301 , Zip code)  ce of process for the above stated content as registered agent and agree to the proper and complete p	P ⊕ ω orporation at the place or act in this capacity	
Name: ffice Address:  Registered a aving been na signated in the rther agree to	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  signed as registered agent and to accept service is application, I hereby accept the appointm comply with the provisions of all statutes rear with and accept the obligations of my pos	2. Box NOT acceptable)  Florida 32301  (Zip code)  ce of process for the above stated conent as registered agent and agree to elative to the proper and complete position as registered agent.	P ⊕ ω orporation at the place or act in this capacity	
Name: ffice Address:  Registered a aving been na signated in th rther agree to	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  signed as registered agent and to accept service is application, I hereby accept the appointm comply with the provisions of all statutes rear with and accept the obligations of my pos	2. Box NOT acceptable) , Florida 32301 , Zip code)  ce of process for the above stated content as registered agent and agree to the proper and complete p	P ⊕ ω orporation at the place or act in this capacity	

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Palm Harbor, FL 34683-2817	Director					
■ President		□President					
_		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		☐ Treasurer			
Other		Other		□Other			
			<del></del>				
□Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□ Director		☐Director					
□President		□President					
		□Vice President					
□ Secretary	□Treasurer	Secretary		☐Treasurer			
•		Other		□Other			
Other	Other						
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	. <u> </u>			
☐ Director		Director					
□President		□President					
□Vice President		□Vice President	_				
Secretary	□Treasurcr	☐ Secretary		□Treasurer			
□Other	Other	Other		Other			
Important Notice: Use an attachmer 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 \$817.155. F.S.							

Daniel Kurtz, President



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

DELAWARE, DO HEREBY CERTIFY "MISS PEPPER AI, 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 SEVENTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISS PEPPER AI, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 203156219

Date: 04-17-23