F23000002933

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1). Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO:	: Registration Section Division of Corporations						
SUBJ	FCT.	DOUBLE BRANCH DEV INC					
Name of corporation - must include suffix							
Dear S	ir or M	adam:					
"Certif	ficate of		f Good Stan	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.			
Please	return	all correspondence concerning	g this matter	to the following:			
Steven	S. Owe	n					
•			Name of	Person			
Traylor	r Bros.,	Inc.					
			Firm/Com	pany			
835 N.	Congre	ss Ave.					
			Addro	ess			
Evansv	ille. IN	47715					
			City/State a	nd Zip code			
TBIAD	@MIM@	TRAYLOR.COM					
		E-mail address: ((to be used f	or future annual report notification)			
For fur	rther in	formation concerning this mat	ter, please c	all:			
Annette M. Williams		812	477-1542				
	Nam	e of Person	Area Cod	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please i	make ch	check for the following amounted payable to: FLORIDA DEFing Fee	ARTMENT	OF STATE 1 \$78.75 Filing Fee &			

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.

DOUBLE BRANCH DEV INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
"[nc.," "Co.," "(Corp," "Inc," "Co," or "Corp.")					
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)			
Delaware	3.	02-3844226				
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)				
05/01/2023	5.					
(Dat	e of incorporation)	(Date of duration, if other tha	an perpetual)			
	(Date first transacted business in					
935 N. Canana	(SEE SECTIONS 607.1501 & 607.150)			
835 N. Congress	(SEE SECTIONS 607.1501 & 607.150 s Ave., Evansville, IN 47715	2, F.S., to determine penalty liability)			
835 N. Congres:	(SEE SECTIONS 607.1501 & 607.150 s Ave., Evansville, IN 47715)			
835 N. Congress	(SEE SECTIONS 607.1501 & 607.150 S Ave., Evansville, IN 47715 (Principal offic	2, F.S., to determine penalty liability e street address))			
835 N. Congress	(SEE SECTIONS 607.1501 & 607.150 S Ave., Evansville, IN 47715 (Principal offic	2, F.S., to determine penalty liability				
	(SEE SECTIONS 607.1501 & 607.150 6 Ave., Evansville, IN 47715 (Principal offic (Current mailing	22. F.S., to determine penalty liability e street address) address, if different)				
Name and stre	(SEE SECTIONS 607.1501 & 607.150 s Ave., Evansville, IN 47715 (Principal offic (Current mailing	22. F.S., to determine penalty liability e street address) address, if different)				
	(SEE SECTIONS 607.1501 & 607.150 s Ave., Evansville, IN 47715 (Principal office) (Current mailing) eet address of Florida registered agent: (P.O. NRAI Services, Inc.	22. F.S., to determine penalty liability e street address) address, if different)	1- AW 6707			
Name and stre	(SEE SECTIONS 607.1501 & 607.150 s Ave., Evansville, IN 47715 (Principal offic (Current mailing	22. F.S., to determine penalty liability e street address) address, if different)	A- AWH CZOZ			
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.150 s Ave., Evansville, IN 47715 (Principal office) (Current mailing) eet address of Florida registered agent: (P.O. NRAI Services, Inc.	22. F.S., to determine penalty liability e street address) address, if different)	A- AWH CZOZ			

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.

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

,							
A. DIRECTORS			Sean Froelich				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address: 56 Stamford, St. #301				
Director	Dallas, TX 75219	Director	Asheville, NC 28803				
■ 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	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	□()ther	()ther				
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.							
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 can be is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in							

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.

13. Daniel A. Traylor, Director

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOUBLE BRANCH DEV 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 SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOUBLE BRANCH DEV INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2023.



Authentication: 203254454

Date: 05-02-23