5/18/23, 11:25 AM Division of Corporations

Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Fax Number

: (323)962-8600 : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION SOCIAL GROW CORP

Certificate of Status	U
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Page Count	06
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COVERÎMETTER

TO: Registration Division of 0	Section Corporations		
SUBJECT: SOCIA	AL GROW CORP		
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Exist	cation by Foreign Corporation for ence," or "Certificate of Good Street eign corporation to transact busing	anding" and check are sub- ness in Florida.	
Please return all corr	espondence concerning this matt	er to the following:	
Cheyenne Moseley			
	Name o	f Person	· · · · · · · · · · · · · · · · · · ·
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	Ada	lress	
Glendale, CA 91203			
<u> </u>	City/State	and Zip code	
socialgrow2022@gma	il.com		
	E-mail address: (to be used	for future annual report n	otification)
For further informati	on concerning this matter, please	call:	
Cheyenne Moseley	at (800	773-0888	
Name of Pc		de Daytime Telepl	hone Number
Registration Division of C The Centre of	Corporations of Tallahassee troe Street, Suite 810	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	or the following amount: able to: FLORIDA DEPARTMEN	T OF STATE	
☐ \$70.00 Filing Fee		■ \$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.

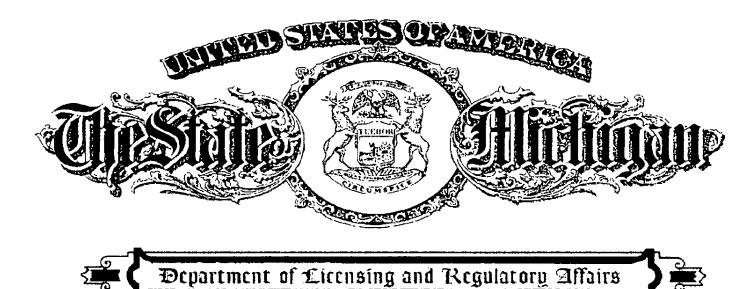
	iable in Florida, enter alternate corpo	orate name adop	ted for the purpose of transacting but	siness in Flori	ida)
Michigan		3,		<u> </u>	
(State or count	ry under the law of which it is incorp	orated)	(FEI number, if applica	ble)	
02/25/2020		5			
(Date	e of incorporation)		(Date of duration, if other than	perpetual)	
04/0//2023					
			rida, if prior to registration) F.S., to determine penalty liability)	<u> </u>	
	0 : 000 341				
495 Grand Blvd.	, Stute 200, Maramar Beach, FL 3253	50			
495 Grand Blvd.	, Suite 206, Miramar Beach, FL 3255		rect address)	-	
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	(Pri	rent mailing add	dress, if different)	- - -	2023 HAY 18
Name and stre	(Pri (Curi et address of Florida registered ag	rent mailing add	dress, if different)	- - - :-	8
Name and stre	(Printed States Corporation Agents	rent mailing add	dress, if different)	- - - - -	2023 HAY 18 AH 10:

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.

(Registered agent's signature)

A. DIRECTORS Name ____loseph Claiborne □Chairman □ Chairman 5445 Brown St., Apt 1003 Address: □Vice Chairman ☐ Vice Chairman Address: Graceville, FL 32440 Director ☐ Director President ☐ President ☐ Vice President ___ □Vice President Treasurer ☐ Treasurer Secretary ☐ Secretary □Other_____ Other____ Other ____ □Other □Chairman Name: _____ Name: □Chairman UVice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □President EiPresident ☐ Vice President _ ☐ Vice President ☐ Treasurer □ Secretary □ Secretary ☐ Treasurer ☐ Other ____ Other ___ Other ____ □Other_____ Name: □ Chairman Name: Chairman ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ ☐ Director Director ☐ President ☐ President □Vice President _ ☐ Vice President ___ ☐ Treasurer □ Secretary □ Secretary ☐ Treasurer □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. 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.

13. Joseph Claiborne, President



Lansing, Michigan

This is to Certify That

SOCIAL GROW CORP

was validly incorporated on February 25 , 2020 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

in the City of Lansing, this 11th day of April , 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand,

Certificate Number; 23040196809