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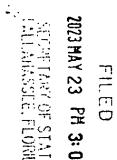
(Requestor's Name)					
(Address)					
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(City	/State/Zip/Phon	 e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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(3)



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AI THE CLUBIS, I	NC.
Name of corporation - 1	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standigabove referenced foreign corporation to transact business	ig" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
ARTHUR M. GEDDES	
Name of Pe	rson
AT THE CLUBB, INC. / W	WW.EASYFYNT.COM
11527 S.W. GTH TERRAC)E
MIAMI, FL. 33174 City/State and	Zip code
ATTHECLUBB @ GMAIL . C E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	
ARTHUR M. GEDDES at (786 Name of Person Area Code	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
	S78.75 Filing Fee & IV \$87.50 Filing Fee. 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.

WYON		adopted for the purpose of transactions $82 - 3428303$	
	y under the law of which it is incorporated)		
OCTOP (Date	ER 18, 2017 5. of incorporation)	(Date of duration, if other	than perpetual)
	RANSACTION		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ity)
11527	S.W. GTH TERRA	ICE, MIAMI, FL	33174
	(Principal offi	ce <u>street</u> address)	
	(Current mailin	g address, if different)	2023 H# SECO
Name and stree	<u>t address</u> of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	FILE NY 23
Name:	ARTHUR M. GEDDE	<u>S</u>	PR
fice Address:	11527 S.W. GTH		Y 23 PH 3: 00 I ARY OF STATE I ARY OF STATE
	MIAMI (City)	Florida 33174	Can D

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. DÜRECTORS			
⊡Chairman	Name: ARTHUR GEDDES	□ Chairman	Name:
□Vice Chairman	Address: 11327 S.W. GTERR	□Vice Chairman	Address:
□Director	MIAMI, FL. 33174	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	□ Other
□Chairman	Name: AURORA GEDDES	□Chairman	Name: AARON GEDDES
□Vice Chairman	Address: 11527 S-W. 6TERR	□Vice Chairman	Address: 11527 S-W-6TH
[]Director	MIAMI, FL-33174	□Director	TERR, MIAMI, FL. 331
ElPresident		□President	
□Vice President		□Vice President	
in Secretary	□Treasurer	U 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
	Use an attachment to report more than six (6). The at e added to the index when tiling your Florida Departi		
12	Signature of Director	r or Officer	
	rector signing this document (and who is listed in numbers information, admitted in a document to the Deny		

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as s.817.155, F.S.

13. ARTHUR M. GEDDES / DIRECTOR (CHAIR MAN)
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

At The Clubb, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **October 18, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000772875**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of May, 2023 at 3:03 PM. This certificate is assigned ID Number 060811922.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.