F23000003824

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TARLE AND SEPERE

COVER LETTER

TO:	Registration Division of	n Section Corporations					
SURI	ECT: MCCOY NATIONAL GROWING BUSINESS INC.						
50.00		Name of	corporation	- must include suffix	<u> </u>		
Dear S	Sir or Madam	:					
"Certi	ficate of Exis		f Good Stan	Authorization to Transact l ding" and check are submi ss in Florida.			
Please	return all con	rrespondence concernin	g this matter	to the following:			
		I	DEANGELO	M HOWARD			
			Name of	Person			
_			Firm/Com	npany			
		3	30 LOCKHA	ART ST			
			Addr	ess	· - ·		
		D	AYTONA BI	EACH, FL 32114			
			City/State a	nd Zip code			
		C	orpdeangelol	noward1@gmail.com			
		E-mail address:	(to be used t	for future annual report not	ification)		
For fu	rther informa	tion concerning this ma	tter, please o	call:			
DE	ANGELO M I	HOWARD a	321	315-1135			
	Name of P	erson	Area Cod	e Daytime Telepho	ne 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		for the following amount ayable to: FLORIDA DEI to: \$78.75 Filing Certificate of	PARTMENT Fee & C		☐ \$87.50 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.

· (Enter page of		
	corporation; must include "INCORPOR Corp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corpora	te name adopted for the purpose of transacting business in Florida)
2. COLORADO		3. 92-3462070
	ry under the law of which it is incorpor	
4. 05/04/2022		5. PERPETUAL
··	e of incorporation)	(Date of duration, if other than perpetual)
6		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)
7.	330 LOCKH.	ART ST DAYTONA BEACH, FL 32114
	(Princ	cipal office street address)
8. Name and <u>stre</u> Name:	et address of Florida registered age	nt mailing address, if different) nt: (P.O. Box NOT acceptable)
Office Address:	330 LOCKHART ST	
	DAYTONA BEACH	, Florida 32114
	(City)	(Zip code)
		* *

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	• = : •			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	DAYTONA BEACH, FL 32114	Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	■ Treasurer	Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□Chainnan	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:	
	Address:			
□Director		Director		
□President		□President		
□Vice President		□Vice President		•
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	Other		□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of Manager Manager Signature of Director of	nt of State Annual Ro		urposes only. Non-indexed
The officer or direc	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	11 above) affirms th		
13	DEANGELO M HOWARD	PRESIDENT		

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MCCOY NATIONAL GROWING BUSINESS INC.

is a

Corporation

formed or registered on 05/04/2022 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20221463284.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/09/2023 that have been posted, and by documents delivered to this office electronically through 04/12/2023 @ 08:45:36.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/12/2023 @ 08:45:36 in accordance with applicable law. This certificate is assigned Confirmation Number 14867537 .



Secretary of State of the State of Colorado

**************End of Certificate*****************************

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."