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SECRETARY OF STATE

COVER LETTER

Division of Corporation	ons			
SUBJECT: DragonLord Ente	erprises, Inc.			
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or "above referenced foreign corporate to the corpo	Certificate of Good Sta	anding" and check are su		
Please return all correspondence	e concerning this matte	er to the following:		
John K. Myers				
	Name o	f Person		
	Firm/Co	mpany		
6430 Grissom Pkwy				
	Add	ress		
Cocoa, FL 32927				
•	City/State	and Zip code		
john@SEQCON.com				
E-m	ail address: (to be used	for future annual report	notification)	
For further information concern	ning this matter, please	call:		
John Myers	at (310) 867-0011			
Name of Person	Area Coo		phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration 9 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ORIDA DEPARTMENT	F OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

1. DragonLord Er	nterprises, Inc.		
	corporation; must include "INCORPORATED," Corp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATI	ON,"
Dragon Lord E			
(If name unavai	lable in Florida, enter alternate corporate name ac	lopted for the purpose of transac	ting business in Florida)
2. Texas	3		
(State or count	ry under the law of which it is incorporated)	(FEI number, if	applicable)
4. Oct 31, 1996 5. (Date of incorporation)		(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liab	pility)
7. <u>6430 Grissom Pl</u>	cwy, Cocoa, FL 32927		
	(Principal office	street address)	
	(Current mailing	address, if different)	*
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	s 2
Name:	Registered Agents Inc		FILED 1023 SEP -7 PM 1: 48 SECRETARY OF STATE TALLAHASSEE. FL
007	7001 4th Ct NI CTE 200		
Office Address:	7901 4th St N STE 300		题 - 1
	St. Petersburg	, Florida <u>33702</u>	
	(City)	(Zip code)	PR 1:48
9. Registered age	ent's acceptance:		F8 +8
*	ned as registered agent and to accept service	of process for the above state	1 . 4
designated in this	application, I hereby accept the appointment	nt as registered agent and ag	ree to act in this capacity. I
further agree to c	omply with the provisions of all statutes rela with and accept the obligations of my posit	itive to the proper and compl	ete performance of my dutie
ana rum jummur	with and accept the obligations of my posit	ion us regisiereu ugeni,	
	David Scherts		
_	(Registered agent's sign	ature)	
10 Attached is a	certificate of existence duly authenticated, no	at more than 90 days prior to	delivery of this application to
10. Attached is a t	continuate of extremel duty authenticated, in	n more man to days prior to t	actively of this application to

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: John Myers Chairman □ Chairman Address: 6430 Grissom Pkwy □ Vice Chairman □ Vice Chairman Address: Cocoa, FL 32927 ■ Director □ Director ■ President President □Vice President □ Vice President Treasurer ■ Secretary ☐ 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 □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □Chairman Name: ______ Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other _____ □ Other _______ □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. 12. A R R R R 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.

3 John K. Myers, president

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for DRAGONLORD ENTERPRISES, INC. (file number 142077800), a Domestic For-Profit Corporation, was filed in this office on October 31, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 17, 2023.



Phone: (512) 463-5555

gave Helson

Jane Nelson Secretary of State