(((H23000333694 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION RUN-CHICKEN, INC.

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COVER LETTER

TO: Registrati Division of						
SUBJECT: RUE	N-CHICKE	N, Inc.				
		Name of co	rporation	- must i	nclude suffix	
Dear Sir or Madai	n;					
	stence," c	r "Certificate of C	ood St <mark>an</mark> c	ling" an	d check are sub	et Business in Florida," mitted to register the
Please return all c	orrespond	ence concerning th	is matter	to the fo	ollowing:	
Jure Markic						
]	Name of F	erson	· <u></u>	
RUN-CHICKEN, I	ic.					
		F	irm/Com	oany		
1317 Edgewater Dr	#6898					
	****		Addre	ss		
Orlando, Fl. 32804						
		Cit	y/State an	d Zip co	ode	
florida@nm-chicke	n.com					
	E	-mail address: (to	be used for	or future	annual report r	notification)
For further inform	ation con	erning this matter	, please ca	ıll:		
Zhanna Karim		ai (07	912-2	177 Daytime Telep	
Name of	Person	,	Area Code		Daytime Telep	hone 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			
Enclosed is a check Please make check \$70,00 Filing I	payable to:		: & 🗯	\$78.75	TE Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Conv.

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.

(If name unavai	lable in Florida, enter alternate corpora	ite name adopted for the perpose of transacting busine	ess in Florida)
Delaware		3. N/A	
(State or count	ry under the law of which it is incorpo	3)
July 20, 2023		5.	
(Dat	e of incorporation)	S. (Date of duration, if other than per	petual)
	(SEE SECTIONS 607.1501	isiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
317 Edgewater	Dr. #6898, Orlando, FL 32804		
		cipal office street address)	
	(Curre	nt mailing address, if different)	****
	(Curre	nt mailing address, it different)	· • • • •
Name and stre	(Curre		
	· ·		
Name:	et address of Florida registered age Zhanna Karim		202 SEC
Name:	Zhanna Karim 3692 Iditarod Ln	nt: (P.O. Box <u>NOT</u> acceptable)	2023 SE SECRE TALL
Name:	et address of Florida registered age Zhanna Karim 3692 iditarod Ln Orlando	nt: (P.O. Box <u>NOT</u> acceptable) Florida 32839	SECRETAS TALLAH
Name:	Zhanna Karim 3692 Iditarod Ln	nt: (P.O. Box <u>NOT</u> acceptable)	2023 SEP 22 SECRETARY TALLAHAS
Name: fice Address: Registered ag	Zhanna Karim 3692 Iditarod Ln Orlando (City)	nt: (P.O. Box <u>NOT</u> acceptable) Florida 32839 (Zip code)	SECRETARY OF TALLAHASSE
Name: lice Address: Registered ag ving been nam	Zhanna Karim 3692 Iditarod Ln Orlando (City) gent's acceptance: ned as registered age	nt: (P.O. Box <u>NOT</u> acceptable) , Florida 32839, Zip code) ept service of process for the above stated corpor	
Name: lice Address: Registered agwing been name ignated in this there agree to a	Zhanna Karim 3692 iditared Ln Orlando (City) gent's acceptance: ned as registered agent and to access application, I hereby accept the accomply with the provisions of all si	nt: (P.O. Box NOT acceptable) Florida 32839 (Zip code) ept service of process for the above stated corporately pointment as registered agent and agree to accust tutes relative to the proper and complete perfo	ranon at the pa Litrahis capac
Name: Tice Address: Registered agiving been names signated in thirther agree to be	Zhanna Karim 3692 Iditarod Ln Orlando (City) gent's acceptance: ned as registered agent and to access application, I hereby accept the desired agent.	nt: (P.O. Box NOT acceptable) Florida 32839 (Zip code) ept service of process for the above stated corporately pointment as registered agent and agree to accust tutes relative to the proper and complete perfo	ranon at the pa Litrahis capac
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Name: Hice Address: Registered agaving been nansignated in this rther agree to a	Zhanna Karim 3692 iditared Ln Orlando (City) gent's acceptance: ned as registered agent and to access application, I hereby accept the accomply with the provisions of all si	nt: (P.O. Box NOT acceptable) Florida 32839 (Zip code) ept service of process for the above stated corporately pointment as registered agent and agree to accust tutes relative to the proper and complete perfo	ration at the p Litrahis capac

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):

13. Zhanna Karim, President and Secretary

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A. DIRECTORS	i			
■ Chairman	Name:	Chairman	Name:	
□ Vice Chairman	Address: c/o RUN-TIGER d.o.o.	□ Vice Chairman	Address:	
Director	Vilharjeva cesta 38, 1000 Ljubljana	Director		
□President	Slovenia	President		
∃Vice President		□ Vice President		
Secretary	☐ Treasurer	☐ Secretary		☐Treasurer
□Other	Other	□(7ther		□Other
⊒Chairman	Name Zhanna Karim	Chairman	Name:	
∃Vice Chairman	3692 Iditarod Ln		Address:	
□Director	Orlando, FL 32839	Director		
■ President				
□ Vice President		□ Vice President		
Secretary	☐ Treasurer	□Secretary		☐Treasure:
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
	Use an attachment to report more than six (6) cadded to the index when filing your Florida J			g purposes only. Non-indexed
Zhanna Kai		/Zhanna Karim		
· · · · · · · · · · · · · · · · · · ·	Signature of T	Director or Officer		

(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RUN-CHICKEN, 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RUN-CHICKEN, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

7578575 8300
SR# 20233550710
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204216801

Date: 09-21-23