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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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FOREIGN PROFIT/NONPROFIT CORPORATION TITAN FLOOD, INC.

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TITAN FLOOD,	INC.		
Name	e of corporation - n	ast include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Standing	g" and check are subr	
Please return all correspondence concer LOVETTE DOBSON	ning this matter to t	he following:	
	Name of Pers	son	- /
	Firm/Compar	Σ	
17350 STATE HWY 249	STE 220		
HOUSTON, TX 77064	Address		
EFILE1234@INCFILE.C E-mail addre	ess; (to be used for t	Lip code	otification)
LOVETTE DOBSON	at 1 1	888-462-345	53
Name of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a check for the following at Please make check payable to: FLORIDA S70.00 Filing Fee Certificat	DEPARTMENT OF ling Fee & □ □ S1	STATE 18.75 Filing Fee & ertified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TE TITAN

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NAME RELEASE AFFIDAVIT

On October 2, 2023, a filing for my company, Titan Flood Inc, was made in error as a domestic corporation, rather than a foreign corporation. Please accept this name release affidavit to allow our Delaware company to be filed correctly in Florida as a foreign corporation. If you have any questions, please call me at 813. 727.1535.

Best,

Stephanie Lee

L'Lee

Founder & CEO

Titan Flood

10/11/2623 65:27.43 CDT APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H23000353358 3)))

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.

I. TITAN FL	OOD, INC.				_
(Enter name of co	orporation: must include "INCORPORAT orp." "Inc." "Co." or "Corp.")	ED." "CO	MPANY," "CORPORATIO)N,"	
inc., Co., Co	orp, the, Co, or Corp.)				
(If name unavaila	ible in Florida, enter alternate corporate na	ame adopte	I for the purpose of transacti	ing business in Florida)	
₂ Delaware	· !	3.			
(State or country	! y under the law of which it is incorporated	1)	(FEI number, if a	pplicable)	•
1 05/08/202	3	_{5.} Per	petual		
(Date	3 of incorporation)		(Date of duration, if other	than perpetual)	•
6.					-
	(Date first transacted busine (SEF SECTIONS 607.1501 & 60	ess in Floric 07,1502, F.S	la, if prior to registration) S., to determine penalty liabi	lity)	
_{7.} 4830 W	Kennedy Blvd., Ste 600	Tamp	a, FL 33609		
•		l office stre			
	(Current in	railing addr	ess. if different)	• •	
8. Name and stree	<u>t address</u> of Florida registered agent:	(P.O. Box	NOT acceptable)	20	
Name:	Stephanie Lee)23 C	ರ್ಜಾಕ್ಟ
Office Address:	5920 Alana Leigh Plac	ce		2023 OCT 11 3444 EEE	
	Lithia		Florida 33547 (Zip code)		i "
	(City)		(Zip code)		
9. Registered ago	ent's accentance:				
Having been nam	ed as registered agent and to accept s	service of p	process for the above state	ed corporation at the p	place
designated in this	application, I hereby accept the appo omply with the provisions of all statut	ointment a tas valativa	s registered agent and ag to the proper and compl	ree to act in this capa etc performance of m	city. T w dutie
	with and accept the obligations of m			en perjarance aj m	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	< 1.1	1			
	S+cphq (Registered agen		·-··		
	t Kefistered agen	មេខ១គ្រោយពេ	L ,		

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.

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A. DIRECTORS			(((H23000353358 3))) Pag			
□Chairman	Name: Stephanie Lee	□Chairman	Name: Travis Pine			
□ Vice Chairman	Address.	□ Vice Chairman	Address:			
≯Director	5920 Alana Leigh Place	≱Director	219 1st Avenue S, #400			
≅President	Lithia, FL 33547	□President	Seattle, WA 98104			
□Vice President		□Vice President				
⊠Secretary	X Treasurer	□ Secretary	□ Treasurci			
□Other		LIOther	L3Other			
□Chairman	Name.	⊡Chairman	Name:			
□Vice Chairman	Address:	∟Vice Chairman	Address:			
□Director		□ Director	Attacked to the second			
□President		□President				
□ Vice President		□Vice President				
☐ Secretary	□Trensurer	☐ Secretary	Vreasurer			
□Other	□ Cither	□Other				
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	DVice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		OVice President				
☐Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	□Other	COther	□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. Signature of Director or Officer						

The officer or director signing this document (and who is listed in number 1) above) aftirms 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.

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Delaware (((H23000353358 3))) The First State

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

DELAWARE, DO HEREBY CERTIFY "TITAN FLOOD, 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 SIXTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TITAN FLOOD, INC." WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2023.

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



Jettray W Bullince. Secretary of State

Authentication: 204321426