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COVER LETTER

то:		tegistration Section Division of Corporations						
SUBJ	FCT.	Worlds Enterprises Inc						
00134	.,	Name o	Corporation	- must include suffix				
Dear S	ir or M	adam:						
"Certif	icate o	"Application by Foreign Cor f Existence," or "Certificate c ced foreign corporation to tra	of Good Star	iding" and check are subm				
Please	return a	all correspondence concernin	g this matter	r to the following:				
Dezanr	i Korbu	ly						
			Name of	Person				
Worlds	Enterp	rises Inc						
			Firm/Con	ipany				
P.O. B	ox 115							
			Addr	ess				
Colley	ville, TX	C 76034						
		· · · · ·	City/State a	nd Zip code	· -			
dezann	@world	ls.io						
		E-mail address:	(to be used	for future annual report not	lification)			
For fur	ther in	formation concerning this ma	tter, please o	call:				
Dezann Korbuly 817 at (817	437-8055				
	Name	of Person	Area Cod	e Daytime Telepho	one Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			:	Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please r	ed is a make ch	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT Fee & - [*OF STATE] \$78.75 Filing Fee & Certified Copy	S87.50 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.

WORLDS ENT	ERPRISES INC.					
(Enter name of c	orporation; must include "INC orp." "Inc." "Co." or "Corp.")		"COMPANY," "CORPORATIO	N."		-
(If name unavail	able in Florida, enter alternate	corporate name ad	opted for the purpose of transacting	ng business in I	·lorida)	_
		•		-		
2. (State or countr	Obleware (State or country under the law of which it is incorporated) (FEI number, if ap					_
00/20/2010						
(Date	of incorporation)		5. (Date of duration, if other than perpetual)			-
6. Upon Registrati	on					
v	(Date first trans (SEE SECTIONS 60	sacted business in F 07.1501 & 607.150.	Florida, if prior to registration) 2, F.S., to determine penalty liabil	(ity)		_
7. 5350 Alpha Rd, I	Dallas, TX 75240					
/· <u></u>		(Principal office	street address)			_
P.O. Box 115, Co	offeyville, TX 76034					
		(Current mailing	address, if different)			
				.SA		
8. Name and stree	<u>et address</u> of Florida registe	red agent: (P.O.	Box NOT acceptable)	Q (4)	202	
Name:	InCorp Services, Inc.			•	2023 DEC	adul.
Office Address:	3458 Lakeshore Dr				EC 21	inaum inaum antina
	Tallahassee		Florida 32312];; **	1 1 1
	(City)	· -	Florida 32312 (Zip code)			
9. Registered ago	ant's accontance			근것	<u>+</u> -	
		to accept service	of process for the above state			place
			nt as registered agent and agr			
	ompty with the provisions of with and accept the obliga-		ative to the proper and comple tion as registered agent.	ue perjorman	ce oj n	iy aunes
J	<u> </u>	 // /	· · · · · · · · · · · · · · · · · · ·			
		1 transmed by				
	Joannas J	<u> </u>	Joanna Fernandez on be	half of InCorp	Servic	es, Inc.
	(Reg	istered agent's sign	aature)			
10. Attached is a	certificate of existence duly	authenticated, n	ot more than 90 days prior to d	elivery of this	applic	ation 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 David S Copps Chris Rohde Name: ■ Chairman □ Chairman Address: 5350 Alpha Rd, Dallas, TX 7524t 5350 Alpha Rd, Dallas, TX 75240 □Vice Chairman Address: □ Vice Chairman □ Director □ Director □President ■President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other ____ □Other _____ □Other _____ □Other _____ Name: Kristin Frost □Chairman Name: ______ □ Chairman 5350 Alpha Rd. Dallas, TX 752 ☐ Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □President □Vice President □ Vice President □ Secretary □ Treasurer □ 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 _ ___ 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. Kushichos 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. Kristin Frost

13.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WORLDS ENTERPRISES 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 FIFTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WORLDS ENTERPRISES INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 204738647

Date: 12-05-23

7078232 8300 SR# 20234136386