# F24 000000637

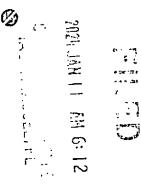
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600421012406

01/11/24--01985--064 \*\*70.98



### **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Chaos Enterprises, Inc.			
SOBJECT.		of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate aced foreign corporation to t	of Good Stand	ding" and check are sub-	
Please return	all correspondence concern	ing this matter	to the following:	
Aaron Turner				
		Name of I	Person	
Chaos Enterpr	ises, Inc.			
		Firm/Com	pany	
1193 W. Grov	es Crest Dr.			
		Addre	SS	
South Jordan,	UT 84095			
		City/State ar	id Zip code	<del></del>
aaron@hybrid	ge.ventures			
· <u></u>	E-mail address	s: (to be used fo	or future annual report n	otification)
For further in	formation concerning this n	natter, please ca	all:	
Aaron turner		208	208 360-3746	
Nam	e of Person	Area Code	Daytime Telepl	none Number
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	check for the following amoreck payable to: FLORIDA Ding Fee	<b>EPARTMENT</b> Ig Fee & □	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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Gorp.")	.17.	COMPANY, CORPORATION,	
Chaos Enterpris	es Florida, Inc.			
(If name unavails	able in Florida, enter alternate corporate na	me ac	lopted for the purpose of transacting business in	Florida)
Idaho		3 02-0799400		
(State or countr	y under the law of which it is incorporated)	the law of which it is incorporated) (FEI number, if applicab		_
01/29/2007		5		
(Date of incorporation)		5. (Date of duration, if other than per		1)
·	,			
	(Date first transacted business	ee in	lorida, if prior to registration)	<del></del>
			2, F.S., to determine penalty liability)	
8098 Gilliam Rd.	Apopka FL 32703			
·		office	street address)	
1193 W. Groves	Crest Dr., South Jordan, UT 84095		•	
	(Current ma	iling	address, if different)	22
	·	·	3	
. Name and stree	et address of Florida registered agent: (	P.O.	Box NOT acceptable)	2024 JAH
Name:	Aaron Turner		:	<del>_</del>
Office Address:	8098 Gilliam Rd		<u> </u>	酐 6:
	Apopka		Florida 32703	: 12
	(City)		(Zin code)	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 1193 W Groves Crest Dr.	□Vice Chairman	Address:			
□Director	South Jordan UT, 84095	□Director	South Jordan, UT 84095			
President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	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	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 filting your Florida Department of State Annual Report form.  12. Signature of Director or Officer						
i2	Signature of Director of	r Officer				
	ctor signing this document (and who is listed in number	r 11 above) affirms th	at the facts stated herein are true and that he o			

13. Aaron Turner, President

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

s.817.155, F.S.



## STATE OF IDAHO

Phil McGrane | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

November 15, 2023

Request Type: Certificate of Existence/Filing

Request #:

0005479256

Receipt #:

000903096

Regarding:

CHAOS ENTERPRISES, INC.

Filing Type:

General Business Corporation (D)

Formation/Qualification Date: 01/29/2007 Active-Good Standing

Status: **Duration Term:** 

Perpetual

File #:

518744

Formation Locale: IDAHO

Issuance Date: 11/15/2023

Copies Requested:

Inactive Date:

#### Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

#### CHAOS ENTERPRISES, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.



Phil McGrane

Idaho Secretary of State

Processed By: Business Division Verification #: 026130318

Phone: 208-334-2301 \* Email: business@sos.idaho.gov \* Website: sosbiz.idaho.gov