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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 HOUSE OF WISE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$878.75 **

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Help

## 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. House of Wi	se, Inc.				
(Enter name of c	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	,		
(If name unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)		
<sub>2</sub> Delaware	3				
	y under the law of which it is incorporated)	(FEI number, if appl	icable)		
5/28/2020	5				
·	of incorporation)	(Date of duration, if other than perpetual)			
6. 10/25/2022					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		)		
<sub>7.</sub> 9627 Exbury	y Ct.				
	(Principal office	street address)			
Parkland, Fl	_ 33076				
	(Current mailing a	iddress, if different)			
8. Name and stres	n address of Florida registered agent: (P.O. I	30x NOT acceptable)			
Name:	Capitol Corporate Services, Inc.		202 SE		
Office Address:	515 East Park Avenue 2nd Fl	_ _	2024 MAR I SECRETA		
	Tallahassee	, Florida 32301	多二 丁		
	(City)	(Zip code)			
Having been nam designated in this further agree to c	ent's acceptance:  sed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	nt as registered agent and agree tive to the proper and complete	to act in this capacity. I		
	Kim Tadlock Kim Tadlo of Capitol	ck, Asst. Secretary on beha Corporate Services, Inc.	alf		

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]:

(Registered agent's signature)

## Ronnie Campbell 8004323622 DocuSign Envelope ID: 65781323-0B92-47FE-B454-03CFD472AFB5

A. DIRECTORS

## (04/05) 03/11/2024 09:15:46 AM

H2	40	000	09	39	22	3
	. , .			$\sim$		~

Chairman	Nume: Jeffrey Tait	Chairman	Name: Jeffrey Tait		
Vice Chairman	Address: 9627 Exbury Ct.	Vice Chairman	Address: 9627 Exbury Ct.		
Director	Parkland, FL 33076	Director	Parkland, FL 33076		
President		President			
Vice President		☐ Vice President			
Secretary	Treasurer	Secretary	Treasurer		
Other	Other	Other	Other		
Chairman	Name: Michael Tait	Chairman	Name: Jeffrey Tait		
Vice Chairman	Address: 9627 Exbury Ct.	Vice Chairman	Address: 9627 Exbury Ct.		
Director	Parkland, FL 33076	Director	Parkland, FL 33076		
President		President			
Vice President		☐ Vice President			
Scoretary	Treasurer	Secretary	Treasurer		
Other		Other	Other		
Chairman	Name: Michael Tait	Chairman	Name: Amanda Goetz		
Vice Chairman	Address: 9627 Exbury Ct.	☐ Vice Chairman	Address: 9627 Exbury Ct.		
Director	Parkland, FL 33076	Director	Parkland, FL 33076		
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 will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only. Non-indexed individuals will be imaged for reporting purposes only.					
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.					
Michael Tait President					



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOUSE OF WISE, 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 ELEVENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOUSE OF WISE,

INC." WAS INCORPORATED ON THE THENTY-EIGHTH DAY OF MAY, A.D. 2020.

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

7991477 8300
SR# 20240945403
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202985897

Date: 03-11-24