Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

after the email address for this business entity to be used for futur \lnot annual report mailings. Enter only one email address please.**

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FOREIGN PROFIT/NONPROFIT CORPORATION eXcelR8*Now Inc.

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4/9/2024 09:22:50 PDT . To: 18506176383 Page: 2/4 Fax: 8134365206

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA.

Name and corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abhreviations of like inport in language as well detayly indicate that it is a corporation instead of a natural person or partneship if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprolit corporation.) (If name unavailable in Florida, enter alternate corporate same adopted for the purpose of transacting business in Florida) Delaware 3 92-2598492 (State or country under the law of which it is incorporated) (PEI number, it applicable) 5. (Date of duration, it other than perpetual) Date first conshieted affairs in Florida if prior to registration. See sections 617 1801. & 617,1802. F.S. to determine ponalty liability.) 7901.4th St N STE 300, St. Petersburg, FL 33702 (Principal office street address) Porposers) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent LLC 7901.4th St N STE 300 St. Petersburg Florida 33702 St. Petersburg Florida 33702 Florida 33702 Registered agent's acceptance: wing been named agreetises after a decrept accept the obligations of my position as registered agent and agree to act in this capacity, the agree to comply with the provisions of all standards relative to the proper and complete performance of my did to an affaillar with and accept the obligations of my position as registered agent.	eXcelR8*Now	Inc.		
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date of Incorporation, if other than perpetual) (Principal office street address) (Principal office street address) (Current mailing address, if different) (Current mailing address) (Name of corportion langues the name at p	oration: must include the word "INCORPORA age as will clearly indicate that it is a corporat present, "Company" or "Co," may not be used	TED" or "CORPORATION" or words or abbreviations of like tion instead of a natural person or partnership if not so contained as a corporate suffix by a nonprolit corporation.)	
(Date of Incorporation) (Date of Incorporation, if other than perpetual) (Principal office street address) (Principal office street address) (Principal office street address) (Current mailing address, if different) (Current mailing address,	If name unav	ailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)	
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(Registered agent's signature)				
(Registered agent's signature)		7-1- N-		
		/ / / (Revistere	ed agent's signature)	

11. 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.

4/9/2024 09:22:50 PDT . To: 18506176383 Page: 3/4 Fax: 8134365206

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	RS McGarrell, Natoia	Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
☑Director	7901 4th St N STE 300	_ Director		
□President	St. Petersburg FL 33702	□President		
□Vice President		_ □ Vice Presidem		
☐Secretary	Trensurer	□ Secretary		☐Treasurer
□Other:	☐ Other:	□Other:		□Other:
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	Vice Chairman	Address:	
□Director		_		
□President		□ President		
□Vice President		□ Vice President		
□ Secretary	□Tæasurer	☐ Secretary		☐ Freasurer
□Other:	☐ Other:	Other:		□Other:
□Chairman	Name:	Chairman	Name.	
□Vice Chairman	Address:	Vice Chairman	Address:	
□Director		□ Director		
□President		_ President		
□Vice President		\(\subseteq \text{Vice President} \)		
□ Secretary	Treasurer	□ Secretary		☐ Treasurer
□Other:	□ Other:	Other:		□Other:
Non-indexed indi-	1 Notice: Use an attachment to report more to riduals may be added to the index when filing the state of the	ng your Florida Department o	f State Annu	ial Report form.
	rrell - Director			•

(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 "EXCELR8*NOW 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 EIGHTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXCELR8*NOW INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2022.

at son delaware gov/auti

Authentication: 203048075

Date: 03-18-24