F24000002135





900427009079

04/03/24--01008--002 **+**₹70.00



COVER LETTER

_	istration Section sion of Corporations				
	Spend Ninja Inc.				
SUBJECT.	•	e of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear Sir or N	√ladam:				
"Certificate	d "Application by Foreign (of Existence," or "Certifica nced foreign corporation to	te of Good Stand	ding" and check are sub	ct Business in Florida," omitted to register the	
Please return	all correspondence concer	ning this matter	to the following:		
Johnathon Ma	ırvell				
		Name of F	Person		
		Firm/Com	pany		
855 Central A	ve Unit 1514		·		
		Addre	ss	····	
Saint Petersbu	arg Florida 33701				
		City/State an	d Zip code		
marvell@sper	idninja.com				
	E-mail addre	ss: (to be used fo	or future annual report r	notification)	
For further in	nformation concerning this	matter, please ca	all:		
Johnathon Ma	rvell	at (⁷²⁷) 240-9308			
Nam	ne of Person	Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a Please make ch	check for the following an heck payable to: FLORIDA I ling Fee	DEPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate	

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.

Spend Ninja M					
(If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)		
Deleware ·	3. ⁹	9-1076787			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
11/08/2023	5.				
(Dat	e of incorporation)	(Date of duration, if other than perpetual)			
We have not ha	d any trasactions in Florida at this time. We are w	aiting until this document is filed	1.		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liabi	lity)		
433 Central Ave	Floor 4, Saint Petersburg FL 33701	·	•		
	(Principal office	street address)			
	(Current mailing	address, if different)			
Name and stre	et address of Florida registered agent: (P.O.)	Box NOT acceptable)			
Name:	Johnathon Marvell	•	·^		
	855 Central Ave Unit 1514		(C)		
fice Address:	655 Central Ave Ont 1514				
	Saint Petersburg	, Florida	FOR -3 PH		
	(City)	(Zip code)	2-3 PH		
			9		
Dagistanad an					
Registered ag	ent's acceptance:	of progress for the above and			
aving been nan signated in this	ned as registered agent and to accept service sapplication, I hereby accept the appointment	nt as registered agent and age	d corporation at the place		
wing been nan signated in this rther agree to c	ned as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes rela	nt as registered agent and agr Itive to the proper and comple	d corporation at the place		
aving been nan signated in this rther agree to c	ned as registered agent and to accept service	nt as registered agent and agr Itive to the proper and comple	d corporation at the place		
aving been nan signated in this rther agree to c	ned as registered agent and to accept service is application, I hereby accept the appointment omply with the provisions of all statutes relains with and accept the obligations of my posite	nt as registered agent and agr ntive to the proper and comple ion as registered agent.	d corporation at the place		
aving been nan esignated in this erther agree to c	ned as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes rela	nt as registered agent and agr ntive to the proper and comple ion as registered agent.	d corporation at the place		
aving been namesignated in this erther agree to c	ned as registered agent and to accept service is application, I hereby accept the appointment omply with the provisions of all statutes relains with and accept the obligations of my posite	nt as registered agent and agr tive to the proper and comple ion as registered agent.	d corporation at the place		

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.

RECTORS								
□Chairman	Johnathon Marvell Name:	□Chairman	Name:					
□Vice Chairman	Address: 855 Central Ave	□Vice Chairman						
□Director	Unit 1514	☐Director						
■President	Saint Petersburg, Fl 33701	□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		□ 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				
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department F. MWVUL, CA	nt of State Annual Re 50	port form.	arposes only. Non-indexed				
	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.								
13. Johnathon M								
(Typed or printed name and capacity of person signing application)								

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPEND NINJA 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 FEBRUARY, A.D. 2024.



Authentication: 202786102

Date: 02-11-24

2603317 8300 SR# 20240308655



March 19, 2024

JOHNATHON MARVELL 855 CENTRAL AVE UNIT 1514 SAINT PETERSBURG, FL 33701

SUBJECT: SPEND NINJA INC. Ref. Number: W24000044089

We have received your document for SPEND NINJA INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 424A00005905

Mel Solomon Operations Manager A

www.sunbiz.org

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