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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Mr. Tophat's Tasty Ta	iters Inc.		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cer above referenced foreign corporati	tificate of Good Stand	ding" and check are sub-	
Please return all correspondence co	oncerning this matter	to the following:	
Kitaya Stone			
	Name of 1	erson	
Mr. Tophat's Tasty Taters Inc.			
	Firm/Com	pany	
11471 Whisper Sound Dr			
	Addre	SS	<del></del>
Boca Raton, FL 33428			
	City/State an	d Zip code	
kstone@mrtophats.com			
E-mail a	nddress: (to be used for	or future annual report no	otification)
For further information concerning	this matter, please ea	all:	
Brian I. Stone	972	757-4968	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	IDA DEPARTMENT	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.

		dopted for the purpose of transacting business in Florid		
Wyoming 	y under the law of which it is incorporated) 3.	is incorporated) 3. (FEI number, if applicable)		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
. <u>3/14/2</u> 024 		(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  2. F.S., to determine penalty liability)		
30 N Gould St. #		and the determine permity manning,		
•	41505, Sheridan, WY 82801 (Principal office)	e <u>street</u> address)		
11471 Whisper S	Sound Dr. Boca Raton, FL 33428			
	(Current mailing	address, if different)		
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Kitaya Stone	,		
	11471 Whisper Sound Dr	<del></del>		
Office Address:				
	Boca Raton	, Florida <u>33428</u>		
	(City)	(Zip code)		
. Registered ag	ent's acceptance:	Ę		

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: Kitaya Stone	□ Chairman	Name: Brian Stone			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■Director	Boca Raton, FL 33428	□Director	Boca Raton, FL 33428			
■President		□President				
□Vice President		□Vice President				
□Secretary	<b>■</b> Treasurer	<b>■</b> 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	<del></del>	□President				
□Vice President	<del></del>	□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Othet	□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.						
12	Signature of Director or	Officer				
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 of 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.						

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

13. Kitaya Stone

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### Mr. Tophat's Tasty Taters Inc.

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **March 14, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001426133**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of April. 2024 at 2:14 PM. This certificate is assigned ID Number 072027620.



Secretary of State