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Certified Copies Certificate	s of Status			
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COVER LETTER

	Registration Section Division of Corporations						
SUBJE	CT:	Certified	RV DotCom Inc				
0000			Name	of corporatio	n - mus	t include suffix	
Dear Sir	r or M	adam:					
"Certific	cate of	Existenc		of Good Sta	nding"	and check are sub-	et Business in Florida," mitted to register the
Please re	eturn a	all corresp	ondence concern	ing this matte	r to the	following:	
Anne La	Belle						
		.		Name of	Persor	1	·· ·
Certified	IRV D	otCom Inc					
				Firm/Cor	npany		
5753 Hv	vy 85 l	N #3724					
				Addı	ress		
Crestvic	ew FL	32536					
		_		City/State	and Zip	code	
anne@ce	ertified	lrv.com					
			E-mail address	s: (to be used	for futi	are annual report n	otification)
For furth	her int	ormation	concerning this n	natter, please	call:		
Anne LaBelle at (720) 248-8567 Name of Person Area Code Daytime Telephone Number							
	Name	of Perso	n	Area Co	de	Daytime Telepl	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			
	ake ch	eck payabl	the following amore to: FLORIDA D 578.75 Filin Certificate o	EPARTMEN g Fee &(□ \$78.	FATE 75 Filing Fee & ified 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.

CertifiedRV Do	Com Inc			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
70	11 251 11			
(If name unavaila	ible in Florida, enter afternate corporate name	adopted for the purpose of transacting business in Florida		
Texas	3.	3. (FEI number, if applicable)		
(State or country under the law of which it is incorporated		(FEI number, if applicable)		
01-18-2006	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
05-01-2024	·			
	3724 Crestview FL 32536 (Principal of)	fice <u>street</u> address)		
	(Current maili	ng address, if different)		
Name and stree	t address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)		
Name:	Registered Agents Inc.			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida 33702		
	(City)	(Zip 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.

David Coerts
(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.

$\mathbf{A}_{t}^{T} \mathbf{DIRECTORS}$							
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	5753 Hwy 85 N #3724 Address:	□Vice Chairman	Address: 5753 Hwy 85 N #3724				
□Director	Crestview FL 32536	□Director	Crestview FL 32536				
President		□President					
□Vice President		■ Vice President					
☐ Secretary	Treasurer	■ Secretary	Treasurer				
□Other	Other	□Other	□Other				
□Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
Other	□Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
	Address:		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 filing your Florida Department of State Annual Report form. 12. 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.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CertifiedRV DotCom, Inc. (file number 800600576), a Domestic For-Profit Corporation, was filed in this office on January 18, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 05, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gove Helson

Jane Nelson Secretary of State

ax: (212) 462-270 TID: 10264 Dial: 7-1-1 for Relay Services
Document: 1351324140006