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COVER LETTER

Divis	stration Section ion of Corporations					
SHRJECT:	Foreign Entity Registration					
00000011	Name	of corporation -	must include suffix			
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standi	ng" and check are subm			
Please return	all correspondence concerni	ing this matter to	the following:			
Donte McGauç	phy					
	·	Name of Pe	erson			
Selenius Holdi	ngs Inc.					
		Firm/Comp	any			
7901 4th St N	STE 300					
		Addres	· ·			
St. Petersburg	, FL 33702					
~		City/State and	l Zip code			
donte@seleniu	sholdings.com					
	E-mail address	s: (to be used fo	future annual report no	tification)		
For further in	formation concerning this m	natter, please cal	1:			
Donte McGaug	jhy	302 at (298-2503 Daytime Telephone Number			
Nam	e of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Cot P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amorek payable to: FLORIDA Ding Fee	EPARTMENT (ig Fee & 🗀	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.

(ir name (mayat)	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flo		
Georgia	3.	88-1654449		
(State or country under the law of which it is incorporated) 03/31/2022 5.		(FEI number, if applicable)		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
7901 4th St N ST	(Date first transacted business in It (SEE SECTIONS 607.1501 & 607.1502 E 300 St. Petersburg 33702	2. F.S., to determine penalty liability)		
	(Principal office	etrant addresse)		
		street address)		
	(Current availage			
	(Current mailing	address, if different)		
Name and stre	(Current mailing et address of Florida registered agent: (P.O.	address, if different)		
Name and stre	•	address, if different) Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300	Box NOT acceptable)		
	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300	Box NOT acceptable)		
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance:	Box NOT acceptable) , Florida 33702, Elorida (Zip code)		
Name: Tice Address: Registered agaving been nan	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept service	Box NOT acceptable) , Florida 33702 , Florida Cap code) of process for the above stated corporation in		
Name: Tice Address: Registered agaving been nansignated in this	et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme	Box NOT acceptable) , Florida , Florida Compared (Zip code) of process for the above stated corporation in this at registered agent and agree totact in this ative to the proper and complete performance		

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:	□Chairman	Name:				
□Vice Chairman	7901 4th St N STE 300 Address:	□Vice Chairman	Address:				
□Director	St. Petersburg 33702	□Director					
☐President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
☐Other Founder	□ Other CEO	□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	·· · · · · · ·	□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.

Donte McGaughy Founder & CEO

Control Number: 22077989

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Selenius Holdings, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26775134 Date Inc/Auth/Filed: 03/31/2022 Jurisdiction : Georgia Print Date : 02/26/2024 Form Number : 211



Bred Raffensperger

Brad Raffensperger