F24000003047

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
		· 			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
Special instructions to	iming Officer.				





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JUN 1 0 2024 K. Brumbley

COVER LETTER

	Registration Section Division of Corpora			
SUBJEC	CT: Marboro Man	Holding Corp.		
00000		Name of corporation	n - must include suffix	
Dear Sir	or Madam:			
"Certifica	ite of Existence," o		r Authorization to Transac nding" and check are sub- ess in Florida.	
Please ret	turn all corresponde	ence concerning this matte	er to the following:	
Jamee Ad	lams			
	-	Name o	f Person	
Marlboro	Man Holding Corp.			
		Firm/Co	mpany	
1160 Аіդ	oort Road			
		Add	ress	
Destin, Fl	L 32541			
		City/State	and Zip code	
Jamee@g	unnerhouston.com			
	E	-mail address: (to be used	for future annual report n	otification)
For furth	er information conc	erning this matter, please	call:	
Jamee Ad	ams	706 at (889-4508	
	Name of Person	Area Co		hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please ma		FLORIDA DEPARTMEN	T 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	**	
	. ,			
Marlboro-Man I	Holding Corp.			
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)	
Wyoming	3.	-1775930		
(State or country	y under the law of which it is incorporated)	(FEI number, if app	licable)	
06-07-2023	5.	ERPETUAL		
(Date	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)	
TBD				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		······································	
1160 Airport Roa	d Destin, FL 32541			
	(Principal office	e street address)	 -	
SAA				
	(Current mailing	address, if different)		
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	20	
Name:	Brianna Stafford		2021	
65 A 1 1	268 Twin Lakes Lane		:	
ffice Address:			1	
	Destin	, Florida		
	(City)	(Zip code)	<u></u>	
. Registered ago	ent's acceptance:		ය 	
7	ed as registered agent and to accept service		corporation at the p	
	application, I hereby accept the appointme		-	
	omply with the provisions of all statutes rel with and accept the obligations of my posi		perjormance oj my	
•	. 0 , , , ,	. /		
		M		
	(Diranna V	#		
	(Registered agent s sign	nature)		

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	James Adams 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
□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
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual Re	eport form.	purposes only. Non-indexed
4	Signature of Director	or Officer		
The officer or dire	ctor signing this document (and who is listed in number	er 11 above) affirms th	nat the facts stat	ed 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. James Adams, President

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,

Marlboro Man Holding Corp.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **June 7**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001281274**.

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 16th day of May, 2024 at 11:06 AM. This certificate is assigned ID Number 072810520.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.