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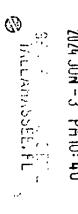
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

	tegistration Sectio Division of Corpor					
SHRIF	CT: Price Wealth,	Incorporated				
1501501.1	···	Name of corporat	ion - mus	t include suffix	···	
Dear Sir	or Madam:					
"Certifica	ite of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tanding"	and check are sub		
Please ret	turn all correspond	lence concerning this ma	tter to the	following:		
Craig D P	rice					
		Name	of Persor	1		
Price Wea	lth Inc					
		Firm/C	ompany			
309 SE O	sceola St, Suite 105					
		Ac	ldress			
Stuart, Fl.	34994					
		City/Stat	e and Zip	code		
craigprice	@pricewm.com					
-]	E-mail address: (to be use	d for fun	ire annual report r	notification)	
For furthe	er information con	cerning this matter, pleas	se call:			
Craig Pric	e	at (⁷⁷²	ode Daytime Telephone Number			
1	Name of Person	Area C	lode	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				MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please ma	ke check payable to	following amount: FLORIDA DEPARTME S78.75 Filing Fee & Certificate of Status	□ \$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.

(Enter name of c	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp."}	'COMPANY," "CORPORATIC	",ИС	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ing business in Florida)	
Delaware 2.	3. 8:	2-2464922		
	y under the law of which it is incorporated)	(FEI number, if a		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		lity)	
7	treet, Suite 105, Stuart, FL 34994 (Principal office	street address)		
8. Name and stree Name:	(Current mailing et address of Florida registered agent: (P.O. Craig D Price 309 SE Osceola St. Suite 105	address, if different) Box <u>NOT</u> acceptable)	SECT.	1
Office Address:	Stuart	Florida <u>34994</u>	EL. F.	Ö
	(City)	Zip code)	40	
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and ag ative to the proper and compl	ree to act in this capac	city. 1

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: Craig D Price	Chairman	Name: Name: 309 SE Osceola St, Suite 105 Address: Stuart, FL 34994					
□Vice Chairman	Address: 309 SE Osceola St, Suite 105	□Vice Chairman						
□Director	Stuart, FL 34994	□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					
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 off and discounting this discount (and the limit is made to 11 the only off and the discount is a second than in a second than it is a second that it is a second that it is a second that it is a second								

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.

Craig D Price, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRICE WEALTH, INCORPORATED" 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 THIRTIETH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRICE WEALTH, INCORPORATED" WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203593228

Date: 05-30-24

6501809 8300 SR# 20242640075