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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

Enter the email address for this business entity to be used for future 49 annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION HANCOCK CORPORATION

Certificate of Status	0
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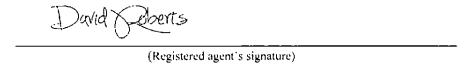
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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Name and <u>stre</u> Name: Office Address:	et address of Florida registered agent: (I Registered Agents Inc 7901 4th St N STE 300	iling address. if different)  P.O. Box NOT acceptable)	20Z4 JUL 1 7 MI ST
Name:	et address of Florida registered agent: (I Registered Agents Inc		
	et address of Florida registered agent: (l		2024 JUL 17
. Name and stre	et address of Florida registered agent: (l		2024 JUI 123 Juli 123 Juli
	(Current ma	iling address, if different)	
7901 4th St N ST	(Principal C TE 300 St. Petersburg FL 33702	office <u>street</u> address)	
1805 MYRTLE A	VE N #1198 JACKSONVILLE FL 32209		
	(SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabilit	y)
	e of incorporation)	5. (Date of duration, if other t	han perpetual)
(State or count April 19, 2019			
. <u>WY</u>	y under the law of which it is incorporated)	3	
(If name unavail	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting	g business in Florida)
Florida Hancock	Corporation		
"Inc.," "Co.," "C	rorporation: must include "INCORPORATE forp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION	l."
<ul> <li>(Enter name of c</li> </ul>			
(Enter name of c			

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.



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.

//\range /// /// // // // // // // // // // //	7/17/2024 09-32:45 PDT -	. To 18506176383	Page: 3/4	Fax: 813436520
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A. DIRECTORS					
□Chairman	Name: HANCOCK, LENZY	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
⊯Director	7901 4th St N STE 300	_ Director			
	St. Petersburg, FL 33702	□ President			
□Vice President		□ Vice President			
<b>☑</b> Secretary	☑ Treasurer	□ Secretary		□Treasurer	
□Other	□Other	∏Other	·	□ Other	
□Chairman	Name:	□ Chairmán	Name:	=	
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director		Director			
□President		□ President			
□Vice President		□ Vice President			
□ Secretary	□Treasurer	☐ Secretary		□ Tœasurer	
□Other		□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	_Vice Chairman	Address:		
Director		_Director			
CPresident		II 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.  **LENGY HONCOCK**  Signature of Director of 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 5.817.152, F.S.

# 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,

#### HANCOCK CORPORATION

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 19, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000852016**.

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 July, 2024 at 4:04 PM. This certificate is assigned ID Number 074430929.



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.