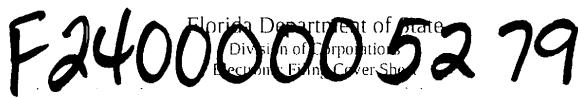
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

Email Address:____



FOREIGN PROFIT/NONPROFIT CORPORATION

Madden Consulting, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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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.

Madden Co	nsulting, Inc		
	orporation: must include "INCORPORATED," " orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)
KY	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)
01/03/2011	5		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
•	(Date first transacted business in F		
	(SEE SECTIONS 607.1501 & 607.1502	•	
3018 59th Sti	eet South Unit 101 Gulfport, FL 3370	7	
	(Principal office		
3018 59th St	reet South Unit 101 Gulfport, FL 3370)7	
	(Current mailing a	nddress, if different)	26
			2024 OCT
Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	130
Name:	Registered Agents Inc		8
ffice Address:	7901 4TH ST N STE 300		Ail
Zirioo i mineccii	ST. PETERSBURG		8. 8.
	(City)	(Zip code)	<u>-</u>

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.

(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.

4 19.23.20 7.51				
A. DIRECTORS		-		
El Chairman	Madden, Sean	∏Chairman Nam	¢:	
□Vice Chairman	Address:	□ Vice Chairman — Add	ressi	
■ Director	3018 59th Street South	Ł. Director		
President	Unit 101	□ President		
□Vice President	Gulfport, FL 33707	□Vice President		
Secretary	■ Treasurer	□ Secretary	Treasurer	
□Other	[]Other	COther		
□Chairman	Name:	□Chairman Nam	e:	
□Vice Chairman	Address:	□ Vice Chairman Add	ress:	
FiDirector		□Director		
□President		□ President		
□Vice President		□ Vice President		
□ Secretary	☐ Treasurer	☐ Secretary	□ Treasurer	
Other	□Other	□Other	Other	
□Chairman	Name:	□Chairman Nam	e:	
∐Vice Chanman	Address:	∟Vice Chairman — Add	ress:	
□Director		□ Director	-	
□President		□ President		
ElVice President		□ Vice President		
□ Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other	Other	□ Other	Other	

12 Sean Madden

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.

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 320657

Visit https://web.sos.ky.gov/flshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

MADDEN CONSULTING, INC.

MADDEN CONSULTING, INC. is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 3, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort. Kentucky, this 4th day of October, 2024, in the 233rd year of the Commonwealth.



Michael G. Adams Secretary of State

Commonwealth of Kentucky

Michael & Oldams.

320657/0778470