Fa400006374

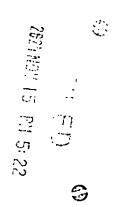
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Booking in Figure 1)						
Certified Copies Certificates of Status						
Special Instructions to Filling Officer:						





800439500498

11/15/24--01020--004 **78.75



DEC 16 2024

COVER LETTER

	_	tration Section on of Corporations						
SUBJE	CT:	International Sprout Holdings, Inc.						
000		Name of corporation - must include suffix						
Dear Sir	r or M	adam:						
"Certific	cate of	"Application by Foreign Corp Existence," or "Certificate of eed foreign corporation to tran	f Good Stand	ing" and check are subm				
Please r	eturn a	all correspondence concerning	g this matter (to the following:				
Dessa H	ix							
			Name of P	erson				
Internati	onal S _l	prout Holdings, Inc.						
			Firm/Comp	pany				
1011 Vo	lunteer	· Dr.	=					
			Addres	SS				
Cookev	ille TN	38506						
_			City/State an	d Zip code	-			
dessa.hi:	x@spro	outnet.com						
		E-mail address:	(to be used fo	or future annual report no	otification)			
For furt	her int	ormation concerning this ma	ter, please ca	dl:				
Dessa Hix		931 t (526-1106 x101					
-	Name	e of Person	Area Code	Daytime Teleph	one Number			
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		ction rporations			
Enclose Please m	nake ch	check for the following amount of the control of th	PARTMENT 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.

International Sprout Holdings, Inc.					
	orporation; must include "INCORPORATED," 'orp.," "Inc," "Co," or "Corp.")	'COMPANY." "CORPORATION."			
International Spe	cialty Supply				
(If name unavaila	ble in Florida, enter alternate corporate name ad		iness in Florida)		
2. DE	DE 3. 45-2635871				
	e or country under the law of which it is incorporated) (FEI number, if applicable)		ole)		
4. 06/27/2011	5				
4. (Date of incorporation) 5. (Date of duration, if other than perpetu					
6. 04/18/2023					
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
7 1011 Volunteer D	r, Cookeville TN 38506		F10		
··-	12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15				
	(Current mailing	address. if different)	Ū,		
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	PH S.		
Name:	NRAI Services, Inc.		. 12		
Office Address:	1200 South Pine Island Road		6		
	Plantation	Florida			
	(City)	(Zip code)			

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.

Eric Jensen, Assistant Secretary

(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.

A. DIRECTORS Chairman	Name:	□Chairman	Name: Clay Brock			
	Address: 1200 Central Ave Ste 300	□Vice Chairman	Address: 1200 Central Ave Stc 300			
Director	Wilmette IL 60091	Director	Wilmette IL 60091			
□President		□President				
		□Vice President				
	□ Treasurer	□ Secretary	☐Treasurer			
Secretary		□Other	·			
□Other	Li Otner	□Officer				
□Chairman	Name:	□Chairman	Name: Karen Wilson			
	1200 Central Ave Ste 300	□Vice Chairman	1011 Volunteer Dr			
Director	Wilmette IL 60091	□Director	Cookeville TN 38506			
□President		President				
		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other		□Other				
Littlet		Estate				
□ Chairman	Name:	□Chairman	Name: Robert Wilkins			
	355 Paul Rd Address:		126 Filbert Ave Address:			
Director	Rochester NY 14624	Director	Sausalito CA 994965			
□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						

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL SPROUT HOLDINGS, INC."

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 OCTOBER,

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 "INTERNATIONAL SPROUT HOLDINGS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2011.

THE STATE OF THE S

Authentication: 204761608

Date: 10-30-24

5003424 8300 SR# 20243951972