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COVER LETTER

TO: Registration Section Division of Corporations	;			
SUBJECT: Viking Jack Ventur	es Inc.			
SUBJECT: Viking Jack Venture	Name of corporation - n	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fe "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Standin	g" and check are submi		
Please return all correspondence	concerning this matter to	the following:		
Jack DeSpain				
	Name of Per	son		
Viking Jack Ventures Inc.				
	Firm/Compa	ny		
PO Box 495				
	Address			
Harleysville, Pennsylvania, 19438				
	City/State and	Zip code		
jack@tolspain.com				
E-ma	I address: (to be used for	future annual report not	ification)	
For further information concerni	ng this matter, please call	;		
Jack DeSpain	at ()	90-9308 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
~	ORIDA DEPARTMENT O 3.75 Filing Fee &	F STATE 78,75 Filing Fee & Certified Copy	S87,50 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.

1. Viking Jack Ven	atures Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	iness in Florida)
2. Utah (State or country under the law of which it is incorporated)		99-4232907	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 08-01-2024	of incorporation) 5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
6			<u></u>
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 22, F.S., to determine penalty liability)	
_ 494 S 900 W, An	terican Fork UT 84003	, ,, ,, ,, ,	
/	(Principal offic	e <u>street</u> address)	
	(Current mailin	g address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O Jack DeSpain	. Box <u>NOT</u> acceptable)	DA C
Office Address:	500 E Commerce St.		1/2
Office Address.	Bionson	, Florida	٩
	(City)	(Zip code)	203

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.

A: DIRECTORS Jack DeSpain Chairman □ Chairman 494 S 900 W American Fork UT 84003 □Vice Chairman ☐ Vice Chairman Address: _____ Address: □ Director Director President President ☐ Vice President ☐ Vice President Treasurer □Treasurer ■ Secretary ☐ Secretary □Other _____ □Other Other _____ Other _____ □ Chairman □ Chairman Name: Name: _____ □Vice Chairman Address: □Vice Chairman Address: ☐ Director □ Director □ President □President □ Vice President ____ ☐ Vice President ☐Treasurer Treasurer □ Secretary ☐ Secretary □Other _____ □Other _____ ĹiOther _____ ☐ Other ______ Name: ______ □ Chairman Name: _____ ☐ Chairman □ Vice Chairman Address: ______ Director □ Director President ☐ President □Vice President ____ ∐Vice President □Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary □ 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 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. Jack DeSpain



SPENCER J. COX Governor

DEIDRE M. HENDERSON Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE Executive Director ADAM WATSON Division Director

December 08, 2024

CERTIFICATE OF EXISTENCE

Registration Number: 14111579-0142

Business Name: VIKING JACK VENTURES INC.

Principal Office Address: 494 S 900 W, AMERICAN FORK, UT 84003

Registered Date: 08/01/2024

Entity Type: DOMESTIC BUSINESS CORPORATION

Current Status: ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.



Adam Watson

Ham Watson

Director

Division of Corporations and Commercial Code

Certificate Number: 202412081603973

Enter the certificate number at https://businessregistration.utah.gov to verify this certification.