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# **COVER LETTER**

	_	ration Section on of Corporations			
SUBJE	CT:	Big Shots, Inc.			
	, , , , ,		f corporation	- must include suffix	
Dear Sir	or Ma	ıdam:			
"Certific	cate of		of Good Stand	Authorization to Transact Business in F ding" and check are submitted to registess in Florida.	
Please re	eturn a	ill correspondence concerni	ng this matter	to the following:	
Jason E.	Domi	<b>1</b> go			
-			Name of F	Person	
Big Sho	ts, Inc.				
			Firm/Com	pany	
145 7th	Ave NI	⊋			
			Addre	ess	
St. Peter	sburg,	FL 33701			
			City/State an	nd Zip code	
jason.do	mingo	@mac.com			
		E-mail address	(to be used for	or future annual report notification)	
For furtl	her inf	formation concerning this m	atter, please ca	all:	
Jason E.	Domi	ngo	916 at (	801-5652	
	Name	of Person	Area Code	e Daytime Telephone Number	
	Regist Divisi The C 2415 i	ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ake ch	check for the following amo eck payable to: FLORIDA DE ng Fee \$78.75 Filing Certificate o	PARTMENT 5 Fee &	🕽 \$78.75 Filing Fee & 💢 \$87.50 Fi	te of Status &

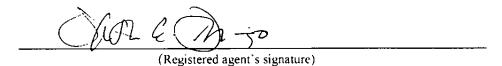
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Big Shots, Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busi	iness in Florida
Delaware 2.	3	36-5111441	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4/15/2024	5	Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
6. No business trai	nsacted		
145 7th Ave NE.	· · · · · · · · · · · · · · · · · · ·	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1	(Principal of	fice <u>street</u> address)	
	(Current mail	ing address, if different)	
8. Name and stree Name: Office Address:	et address of Florida registered agent: (P.  Jason E. Domingo  145 7th Ave NE		total Time In The Inches
	St. Petersburg	. Florida 33701	<del>9.</del> 2
	(City)	(Zip code)	4.5

### 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.



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 Jason E. Domingo Kristofer T. Chaffin □ Chairman Name: □ Chairman Name: 145 7th Ave NE, St. Petersburg, FL 33701 te/50 Sugarfoul Plany, Sac 903 Dishate, GA, 9097. □Vice Chairman Address: \_ □Vice Chairman Address: \_ ■ Director Director President President □ Vice President \_\_\_ ☐ Vice President ☐Treasurer ☐ Secretary Treasurer ☐ Secretary Other\_\_\_\_ Other □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Tyler W. LeBaron □ Chairman □ Chairman Name: 4955 N. Ashlee Circle, Enoch, UT 84721 □Vice Chairman Address: \_ □ Vice Chairman Address: **M** 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 □Treasurer ☐ Secretary Treasurer ☐ 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.

Jason E. Domingo, Director

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BIG SHOTS, 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 NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIG SHOTS, INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF APRIL, A.D. 2024.

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

Authentication: 202655510

Date: 01-09-25