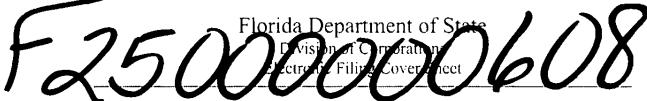
1/30/25, 8:57 AM

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future.

**Enter the email address for this business entity to be used for future.

mattg@catfish.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

America's Catch, Inc.

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

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Corporate Filing Menu

Help

K. SALY

JAN 3 1 2025



To:

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. America's Cate	h, Inc.		
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"
(If name unavai	able in Florida, enter alternate corporate na	me ad	opted for the purpose of transacting business in Florida)
2. Mississippi		3. 64-0748842	
	ry under the law of which it is incorporated) -	(FEI number, if applicable)
September 4, 19	987	5	
	of incorporation)	<i>-</i> . —	(Date of duration, if other than perpetual)
6. January 1, 2025	i		
1	ta Bena, MS 38941		street address)
		ilina s	iddress, if different)
8. Name and stree Name: Office Address:	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road		Box NOT acceptable)
	Plantation		, Florida 33324
	(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.

Rachel O'Connor Assistant Secretary	Rachel Commen
(Registered agent'	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.

To: Page: 4 of 5

2025-01-30 07:59:52 CST

12122023573

From: Deylen Platt

A. DIRECTORS	3		
Chairman	Solon Scott III	□Chairman	Name:
□Vice Chairman	Address: 46623 CR 523; Itta Bena, MS 38941	UVice Chairman	Address: 46623 CR 523; Itta Bena, MS 38941
Director		Director	
□ President		President	
□ Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	☐Treasurer
Other	□Other	Other	Other
□ Chairman	Solon Scott	□ Chairman	Name:
☐ Vice Chairman	Address: 46623 CR 523; Itta Bena, MS . 38941	□ Vice Chairman	Name:
Director		□Director	
□President		□President	
□ Vice President	***************************************	□ Vice President	<u> </u>
□Secretary	□Treasurer	☐ Secretary	OTreasurer 2
Other	Other	□Other	
□ Chairman	Solon Scott IV	□Chairman	Name:
□Vice Chairman	Address: 46623 CR 523; Itta Bena, MS 38941	□Vice Chairman	Address:
■Director		□Director	
□President	****	□President	
□Vice President		☐ Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
Important Notice: Uindividuals may be	Ise an attachment to report more than six (6). The attach added to the index when filing true filorida Department Signature of Director or	t of State Annual Rep	i for reporting purposes only. Non-indexed port form.
	Signature of Director or	Officer	
The officer or directshe is aware that falls.817.155, F.S. Andrew Stair	tor signing this document (and who is listed in number is information submitted in a document to the Departm	I I above) affirms the	at the facts stated herein are true and that he or es a third degree felony as provided for in

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

To:



Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I. MICHAEL WATSON. Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 4th day of September, 1987, the State of Mississippi issued a Charter/Certificate of Authority to:

AMERICA'S CATCH, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office. Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said AMERICA'S CATCH, INC. is in good standing at this time.

Given under my hand and seal of office the 28th day of January. 2025

Certificate Number: CN25205323

Verify this certificate online at http://corp.sos.ns.gov/corpconv/verifycertificate.aspx