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Certified Copies		nificates of Status
Special Instructions to Filin	g Offic	icer: 300
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#### **COVER LETTER**

10:	_	of Corporations					
SUBJ	FCT: O	rdnance Holdings, Inc.					
5016	LC1	Name o	Name of corporation - must include suffix				
Dear S	ir or Mada	ım:					
"Certif	ficate of E		of Good Stand	Authorization to Transact Business in ling" and check are submitted to reg s in Florida.			
Please	return all	correspondence concerni	ng this matter	to the following:			
Jonatha	an Sperka						
			Name of I	Person	·		
Ordnar	nce Holding	gs Inc.					
	·		Firm/Comp	pany	===		
1701 N	8, 20th St S	uite B			MIN:		
			Addre	SS			
Tampa	, FL 33605				22		
	-		City/State ar	nd Zip code	-ता . <del>-</del>		
accoun	its@ordnan	ceholdings.com					
		E-mail address	: (to be used fo	or future annual report notification)	دمن		
For fur	rther infor	mation concerning this m	atter, please co	all:			
Jonathan Sperka		at (	961-0364				
	Name o	f Person	Area Code	Daytime Telephone Numbe	r		
	Registra Division The Cen 2415 N.	T/COURIER ADDRESS tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please i		eck for the following amo payable to: FLORIDA DF Fee	EPARTMENT g Fee &	\$78.75 Filing Fee & S87.50 Certified Copy Certifi	Filing Fee, cate of Status & ed Copy		

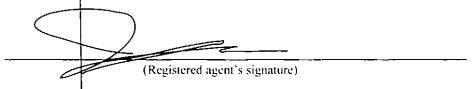
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Ordnance Holdii	igs, Inc.				
•			must include "INCORPORATED," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
	ОШ					
	(If name unavaila	ble in Flor	da, enter alternate corporate name ac	lopted for the purpose of transacting be	usiness in Florida)	
2. Maryland			3.	3. 52-2209568		
	(State or country	under the	law of which it is incorporated)	(FEI number, if applic	able)	
4.	2/2/2000	— <u>-</u>	5.			
	(Date	of incorpor	ation)	(Date of duration, if other than	perpetual)	
6.	02/01/2020					
		(SI	(Date first transacted business in E SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)		
	4363 Lady Trisha	Ct. Pomfre	i, MD 20675 (MD Office) 1701 i	N. 20th St Suite B Tampa FL 33605 (T	ampa Office)	
			(Principal offic	e <u>street</u> address)		
	250 Corey Ave, 8	so 67302 St	Pete Beach 33706			
			(Current mailing	address, if different)	18.0	
8.	Name and stree	t address o	f Florida registered agent; (P.O.	Box NOT acceptable)	:	
	Name:	Jonathan	Sperka		1.5	
O	ffice Address:	1701 N.	20th St Suite B		ر. د ر. د ر.	
		Tampa		. Florida 33605	);.  (	
			(City)	(Zip code)	C.	

#### 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Jonathan Sperka Jenna Perman ☐ Chairman Name: Chairman 3132 W Vina Del Mar Blvd Address: \_\_ 1701 N. 20th St Suite B □ Vice Chairman Address: □ Vice Chairman Tampa, FL \$3605 St Pete BEach 33706 □ Director Director □President President □Vice President □ Vice President □Treasurer □ Secretary ☐ Treasurer Secretary □Other \_ □Other ☐Other \_\_\_\_\_ □Other \_\_\_\_ Name: \_\_\_\_ □Chairman □ Chairman Name: \_\_\_\_\_ Address: □ Vice Chairman Address: \_\_\_\_ □ Vice Chairman □Director □Director - President □President :∃Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer Other \_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman □ Chairman Name: Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □Director □Director □President □ President □ Vice President ☐ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □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. 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. Jonathan Sperka, President / Technical Director

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERT FY THAT ORDNANCE HOLDINGS, INC (D05647532), INCORPORATED FEBRUARY 03, 2000, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING. PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT, THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 14, 2022.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: WCcrDtdtzEaUdeilwsnqRw To verify the Authentication Code, visit http://dat.maryland.gov/verify



November 3, 2022

JONATHAN SPERKA 1701 N 20TH ST STE B TAMPA, FL 33605 US

SUBJECT: ORDNANCE HOLDINGS, INC.

Ref. Number: W22b00139092

We have received your document for ORDNANCE HOLDINGS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 822A00024774

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