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(Business Entity Name)

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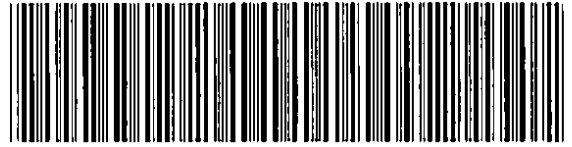
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T. LEMIEUX
AUG 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Detailing Nation, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jake J. Fallucca, Esquire
Name of Person

Jake J. Fallucca, P.A.
Firm/Company

4502 Weeping Willow Circle
Address

Casselberry, FL, 32707
City/State and Zip Code

J.Fallucca@JJFPA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jake J. Fallucca, Esq. at (407) 913-0300
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy


This one

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Detailing Nation, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. State of Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-2718661
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 Douglas Ave, Apt 26
(Street Address of Principal Office)

6. SAME AS
(Mailing Address)

Altamonte Sp6, FL
32714

Principal Office

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jake J. Fallucca, P.A.

Office Address: 4502 Weeping Willow Circle

Casselberg, Florida 32707
(City) (Zip code)

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Jake J. Fallucca
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Name and Address:	Title or Capacity:
<input type="checkbox"/> Manager Name: <u>Zachary Falcon</u> Address: <u>1000 Douglas Ave</u> Address: <u>Art 26, Altamonte Spn</u> Florida, 32707	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized <input type="checkbox"/> Member <input type="checkbox"/> Other Person
<input type="checkbox"/> Manager Name: _____ Address: _____	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized <input type="checkbox"/> Member <input type="checkbox"/> Other Person
<input type="checkbox"/> Manager Name: _____ Address: _____	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized <input type="checkbox"/> Member <input type="checkbox"/> Other Person

<input type="checkbox"/> Manager Name: _____ Address: _____	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized <input type="checkbox"/> Member <input type="checkbox"/> Other Person
<input type="checkbox"/> Manager Name: _____ Address: _____	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized <input type="checkbox"/> Member <input type="checkbox"/> Other Person
<input type="checkbox"/> Manager Name: _____ Address: _____	<input type="checkbox"/> Manager <input type="checkbox"/> Authorized <input type="checkbox"/> Member <input type="checkbox"/> Other Person

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

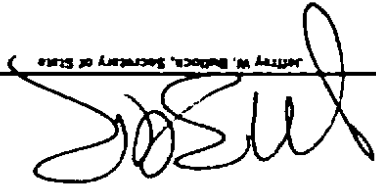
Signature of an authorized person: [Handwritten Signature]

Typed or printed name of signer: Mike J. Fallis, Esq.

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DETAILING NATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DETAILING NATION, LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2023.

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203898071
Date: 08-04-23



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