F24000004267

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

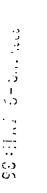
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(3)

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: ERFOLG HOLDINGS, INC					
Name of corporation	- must include suffix				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the				
Please return all correspondence concerning this matter	to the following:				
DEBORAH PAPPALARDO	_				
Name of I	Person				
ERFOLG HOLDINGS. INC					
Firm/Com	pany				
100 S.W. ALBANY AVENUE, STE 200					
Addre	ess				
STUART, FLORIDA 34994					
City/State ar	nd Zip code				
DEB@NAISOUTHCOAST COM	_				
E-mail address: (to be used f	or future annual report notification)				
For further information concerning this matter, please c	all:				
DEBORAH PAPPALARDO at (585	813-1643				
Name of Person at (585) Area Code	e Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314				

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.

t.	ERFOLG H	OLDINGS, INC					
••	(Enter name of c	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	RATED,	" "COMPANY," "CORPORATION"	",NC		
	ERFOLG H	oldings Fla Ops, Inc					
	(If name unavaila	able in Florida, enter alternate corpor	atc name	adopted for the purpose of transact	ing business it	n Florida)	
2. Delaware, United States 3. 46-2367194			46-2367194	367194			
-	(State or countr	y under the law of which it is incorpo	rated)	(FEI number, if	applicable)		
4.	_MARCH 1	1. 2013	5.	(Date of duration, if other			
	(Date	of incorporation)		(Date of duration, if other	r than perpetua	al)	
6.	-						
				n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)		
7.	3200 St Luc	tie Blvd., Fort Pierce, FL 349	46				
•				ice <u>street</u> address)			
		(Curre	ent mailir	ng address, if different)			
0	Name and street	et address of Florida registered age	ant: /D () Poy NOT acceptable)			
о.	Name and Siree	addieżą of Florida fegistered age	mi (r.c	o. Box (NO) acceptable)	e		(
	Name:	Tyrone Bradley				:2	
Of	fice Address:	3200 St Lucie Blvd				;	,
		Fort Pierce		Florida 34994		753 1.7	-
		(City)		, Florida 34994 (Zip code)		,	
Q	Registered age	ent's acceptance:					
H	aving been nam	ed as registered agent and to acc					
		application, I hereby accept the comply with the provisions of all s					
		with and accept the obligations			eie peijoina	mee oy my	441100
		\delta \left\(\left\)					
		Mille	- And	-			
	_	(Registered	agent's s	ignature)			

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				
□Chairman	Name: Tyrone Bradley	□Chairman	Name:	
□Vice Chairman	Address: Pro \$7,4m steer do, not head (1) -	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	Secretary		□Treasurer
□Other <u>Executive</u>	Other	□Other		□Other
□ Chairman	Name: Christopher Trentine	Cl Chairman	Name:	
□Vice Chairman	Address: 68950 Overseas Hwy Taverner Ft 33870	□Vice Chairman	Address:	
□Director	·	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other Operating	Officer Other	□Other		Other
□Chairman	Name: Nikolaus Schroth	□Chairman	Name:	
□Vice Chairman	Address: 100 SW Albany Avenue 200 Stuart FL 34994	∏Vice Chai⊓nan	Address:	
□Director		□Director		
∃President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	.Tuer Other	□Other		□Other
12.	Use an attachment to report more than six (6). The attachment to the index when fiting your Florida Department Signature of Director of Signature of Director of also information submitted in a document to the Department.	or Officer	that the facts state	ed herein are true and that he or
	yrone Bradley			



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

DELAWARE, DO HEREBY CERTIFY "ERFOLG HOLDINGS, 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 TWENTY-SECOND DAY OF JULY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ERFOLG HOLDINGS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MARCH, A.D. 2013.

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



Authentication: 203979323

Date: 07-22-24