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TO:	Division of	on Sectior of Corpora	tions					
SUBJ	ECT:	HAPI	y FEE	er Ent	-er ta	inment.	1~	C.
		<u>.</u>	Nam	e of corpor	ation - mu	ist include suffix		
Dear S	Sir or Madai	m:						
"Certif		istence." o	r "Certifica	ite of Good	Standing	orization to Transa * and check are sub Florida.		
Please				-		e following:		
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	Name of	Person		Area	Code	Daytime Telep	hone	Number
	Registrati Division of The Central 2415 N. M.	on Sectior of Corpora re of Tallal	tions nassee eet, Suite 8			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orpora 7	n ations
Please	ed is a chec make check 0.00 Filing I	payable to:	FLORIDA \$78.75 Fil	DEPARTM	□ \$78	STATE 3.75 Filing Fee & ctified Copy		\$87.50 Filing Fee. Certificate of Status & Certified 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.

f name unavailable in Florida, enter altern	·	•			
NEVADA	3. 93 - 19	43-1862718			
State or country under the law of which i		(FEI number, if applicable)			
6/8/2023	5				
(Date of incorporation)	(Dat	5. (Date of duration, if other than perpetual)			
(Date first t	ransacted business in Florida, if pri	ior to registration)			
(SEE SECTIONS	ransacted business in Florida, if pri 5 607,1501 & 607,1502, F.S., to de	etermine penalty liability)			
(SEE SECTIONS	\$ 607.1501 & 607.1502, F.S., to de	•			
(SEE SECTIONS	\$ 607.1501 & 607.1502, F.S., to de	etermine penalty liability) Llando, FL 3281			
(SEE SECTIONS	5 607.1501 & 607.1502, F.S., to do	etermine penalty liability) Llando, FL 3281' ess)			
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(SEE SECTIONS) 7200 Internation	(Current mailing address, if distered agent: (P.O. Box NOT	etermine penalty liability) Llando, FL 3281' ess)			
(SEE SECTIONS) 7200 Indernation	(Current mailing address, if distered agent: (P.O. Box NOT	etermine penalty liability) Llando, FL 3281' ess)			
(SEE SECTIONS	(Current mailing address, if distered agent: (P.O. Box NOT	etermine penalty liability) Llando, FL 32819 css) ifferent)			

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.

(Registered agent's 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.

A. DIRECTORS								
Chairman Name: Mical Bass	□Chairman	Name:						
□Vice Chairman Address: 7200 Intersohul Dive	□Vice Chairman	Address:						
Director Octando, R 32819	Director							
President	□President							
□Vice President	□Vice President							
□Secretary □Treasurer	□ Secretary	□Treasurer						
□Other	□Other	□Other						
□Chairman Name:	□Chairman	Name:						
□Vice Chairman Address:	□Vice Chairman	Address:						
□Director	□ Director							
□ President	□President							
□Vice President	□Vice President	· · · · · · · · · · · · · · · · · · ·						
□Sccretary □Treasurer	□ Secretary	□ Treasurer						
Other Other	□Other	□Other						
□Chairman Name:	□Chairman	Name:						
□Vice Chairman Address:	□Vice Chairman	Address:						
□Director	Director							
□ President	□President	<u></u>						
□Vice President	□Vice President							
□ Secretary □ Treasurer	□ Secretary	☐ Treasurer						
□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. 12. 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.								

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Happy Feet Entertainment**, **Inc.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/08/2023, and in good standing in this State.

1 further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202502035408615

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 02/03/2025.

FRANCISCO V. AGUILAR Secretary of State