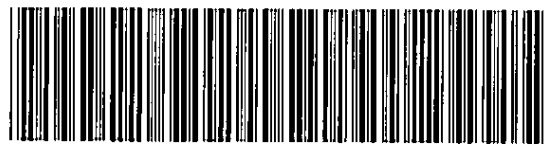


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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. FRANKLIN  
JAN 12 2022

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/11/2022

**\*\*WALK IN\*\***

ENTITY NAME The Wanderlust Group Inc

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

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TALLAHASSEE, FL

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70

ACCOUNT #: I20160000072

*S. R. [Signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Wanderlust Group, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brad C

Name of Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip code	
bcatrix@harborcompliance.com	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Brad C	at ( 717 )	210-5263
Name of Person	Area Code	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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified 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.

1. The Wanderlust Group, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 47-1864371  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/29/2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/10/2022  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 449 Thames St, Unit 200, Newport, RI 02840  
(Principal office street address)

PO Box 179, Freeport, ME 04032  
(Current mailing address, if different)

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


Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(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.*

  
(Registered agent's signature)

Registered Agents Inc.,  
Bill Havre - Assistant Secretary

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]:

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A. DIRECTORS

Chairman Name: Michael Melillo  
 Vice Chairman Address: 449 Thames St Unit 200 Newport  
 02840 RJ  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Howard Lamar  
 Vice Chairman Address: 449 Thames St Unit 200 Newport  
 02840 RJ  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Anthony Leach  
 Vice Chairman Address: 449 Thames St Unit 200 Newport, RJ  
 02840  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Ryan McKillen  
 Vice Chairman Address: 449 Thames St Unit 200 Newport  
 02840 RJ  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name: Aaron Sharff  
 Vice Chairman Address: 449 Thames St Unit 200 Newport RJ  
 02840  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

Chairman Name:  
 Vice Chairman Address:  
 Director  
 President  
 Vice President  
 Secretary  Treasurer  
 Other  Other

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**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. /s/ Aaron Sharff  
 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.

13. Aaron Sharff - Treasurer  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE WANDERLUST GROUP, 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 SIXTH DAY OF JANUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE WANDERLUST GROUP, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST A.D. 2014.

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

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SECRETARY OF STATE  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

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SR# 20220044706

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202329389

Date: 01-06-22