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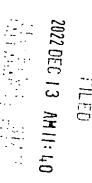
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_		_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special Historicalons to	ining Officer,	

Office Use Only



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DEC 28 2022 K. Brumble)



October 3, 2022

CHEYENNE KING 3225 MCLEOD DRIVE, SUITE 100 LAS VEGAS, NV 89121 US

SUBJECT: UNIVERSAL BUSINESS AND MANAGEMENT CORPORATION

Ref. Number: W22000125112

We have received your document for UNIVERSAL BUSINESS AND MANAGEMENT CORPORATION and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

STANTON H ROBERTS Regulatory Specialist II

Letter Number: 322A00022010

RECEIVED

COVER LETTER

	tration Se					
SUBJECT:	Universal	Business and Mana	gement Corpo	ration		
		Name o	of corporation	n - mu	st include suffix	
Dear Sir or M	ladam:					
"Certificate o	f Existenc	ion by Foreign Co c," or "Certificate n corporation to tr	of Good Star	nding'	and check are subi	et Business in Florida," mitted to register the
Please return	all corresp	ondence concerni	ng this matte	r to th	e following:	
Cheyenne Kin	g					
			Name of	Perso	n	
	- · · -		Firm/Cor	npany		
3225 McLeod	Drive, Suit	e 100				
			Addr	ess		
Las Vegas, Ne	vada, 8912	1				
			City/State a	and Zi	p code	·
ra@andersona	dvisors.con					
		E-mail address	: (to be used	for fu	ture annual report n	otification)
For further in	formation	concerning this m	atter, please	call:		
Cheyenne Kin	g		800 at (, 7	064741	
Nam	e of Perso	n	Area Coo	le	Daytime Teleph	none 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			
		the following amo		r of s	STATE	
■ \$70.00 Fili		S78.75 Filing Certificate of	g Fee & [□ \$78	.75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

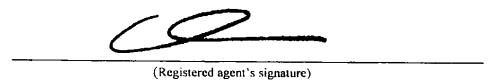
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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 - C						
"Inc.," "Co.," "C	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATIO	ON,"			
	,					
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transact	ing business in Florida)			
California						
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
03/27/2020						
(Date	of incorporation) 5	(Date of duration, if other	- Ab			
(Date of incorporation) N/A		(Date of duration, if othe	(Date of duration, it other than perpetual)			
		in Florida, if prior to registration)				
	(SEE SECTIONS 607.1501 & 607.	1502 F.S. to determine penalty liab	ility)			
2225 Mal and Da		1502, 110, to determine permity mas	, ,			
3443 MICLEOR DI	ive, Suite, 100, Las Vegas, NV 89121	1002, 1103, to determine penanty man	,			
		fice street address)				
		· ,				
3223 WELEOG DI	(Principal of	fice street address)				
3223 Willeod Dr	(Principal of	· ,				
	(Principal of (Current mail	fice street address) ing address, if different)				
	(Principal of (Current mail et address of Florida registered agent: (P.	fice street address) ing address, if different)	2022 DEC			
	(Principal of (Current mail	fice street address) ing address, if different)	2022 DEC 13			
Name and <u>stree</u> Name:	(Principal of (Current mail et address of Florida registered agent: (P. Anderson Registered Agents, Inc.	fice street address) ing address, if different)	2022 DEC 13			
Name and <u>stree</u> Name:	(Principal of (Current mail et address of Florida registered agent: (P.	fice street address) ing address, if different)	2022 DEC 13			
Name and stree	(Principal of (Current mail et address of Florida registered agent: (P. Anderson Registered Agents, Inc.	fice street address) ing address, if different)	2022 DEC			

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.

A. DIRECTORS				
□Chairman ·	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 3225 McLeod Drive, Suite 100	□ Vice Chairman		
Director	Las Vegas, NV 89121	Director		
President		□President		
□Vice President		□Vice President	•	
☐ Secretary	■ Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other	 -	Other
□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	☐Treasurer
		□Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	···
□Director		Director	 	
□President		□President		
□ Vice President		□Vice President	 	
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
The officer or direct	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Depart Cobodies Signature of Director signing this document (and who is listed in num is information submitted in a document to the Dep	r or Officer	port form.	d herein are true and that he or
s.817.155, F.S. Subodh Kum	nar, President	aranent of State constitu	ies a iniro degre	e leiony as provided for in
13.				



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: UNIVERSAL BUSINESS AND MANAGEMENT CORPORATION

Entity No.: 4581426 **Registration Date:** 03/27/2020

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF THE OF T

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 12, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 044235222

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.