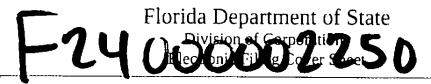
**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter	the	email	address	for	this	busin	ess	entity	to	be	used (	<b>1</b>	futur	:e
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Email Address:\_\_\_\_

# FOREIGN PROFIT/NONPROFIT CORPORATION MAYBERN SOLUTIONS, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

4/25/2024 08:\$3:11 PDT , To: 18506176383 Page: 2/5 Fex: 8134365206

## Name Resolution

I, Ross Mechanic, last member and authorized person of MAYBERN SOLUTIONS INC. acting on behalf of the company, authorize Nat Smith of Northwest Registered Agent to file the name MAYBERN SOLUTIONS, INC., a Delaware Corporation for use in the State of Florida.

I acknowledge that the original MAYBERN SOLUTIONS, INC., P22000081813, has been dissolved, and I have no intentions to reopen it.

Dated this 25th day of April, 2024.

Ross Mechanic
Ross Mechanic-CEO

### 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.

(Enter name of c	orporation; must include "INCORPORATED,"	COMPANY," "CORPORAT	ION,"			
'Inc.," "Co.," "C	orp." "Inc." "Co." or "Corp.")					
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transac	cting business in Florida)			
Dolawaro		, ,	-			
(State or countr	y under the law of which it is incorporated)	(FEI number, it	f applicable)			
(Date	of incorporation)	(Date of duration, if other than perpetual)				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	Litina			
901 4th St N ST	E 300 St. Petersburg FL 33702	., F.S., to determine penany na	omty)			
	(Principal office	street addroce)	<del></del>			
7901 4th St N ST	E 300 St. Petersburg FL 33702	<u>street</u> dudicas j				
	· · · · · · · · · · · · · · · · · · ·	address, if different)				
	(	,				
Name and stree	et address of Florida registered agent: (P.O. 1	Box NOT acceptable)				
Name:	Northwest Registered Agent LLC		ું 🌗 😸 📑			
	7901 4th St N STE 300	_ <del>_</del>				
fice Address:		<del></del>	APR			
	St. Petersburg	, Florida 33702 (Zip code)	25			
	(City)	(Zip code)	3.55E			
Registered ago	ent's acceptance:		9			
	ed as registered agent and to accept service		ited corporation at the f			
	application, I hereby accept the appointment omply with the provisions of all statutes rela					
	with and accept the obligations of my positi		nese perjormance of m			
		, ,				
ام.	The Alexander					
_/	/ [ / [ - ]					
	(Registered agent's sign	ature)				

<sup>10.</sup> 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.

4/25/2024 08:13:11 PDT , Fax: 8134365206

#### To: 18506176383 Page: 4/5 A. DIRECTORS Mechanic, Ross Bowman, John □Chairman Name: \_\_ Chairman 7901 4th St N STE 300 □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_ 7901 4th St N STE 300 St. Petersburg FL 33702 ☑ Director □ Director St. Petersburg FL 33702 ☑ President DPresident □Vice President ☐ Vice President ☐Secretary ☐ Treasurer ☑ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_\_ Name: □Chairman □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director ☐ Director ..... \_\_\_\_\_ □ President □ President □Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □ Chairman Name: □ Chairman Name: LIVice Chairman Address: \_\_\_\_\_\_ Address: Director Director □ President ☐ President □Vice President ☐ Vice President □Secretary □ Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ 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.

## Rosa Mechanic

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.

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAYBERN SOLUTIONS, 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-THIRD DAY OF APRIL, 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 "MAYBERN SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203311372

Date: 04-23-24