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(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

то:	Registration S Division of Co					
SURI	ECT: 2	Framiso In	<u>. </u>			
3000	EC1	Name of corpor	ation - must	include suffix		
Dear S	ir or Madam;					
"Certit	icate of Existen	ation by Foreign Corporation ce," or "Certificate of Good gn corporation to transact b	Standing" a	nd check are sub		
Please	return all corres	spondence concerning this n	natter to the t	following:		
	1	RAMINEZ				
		Nam	é of Person			
	Beil	Anancial_	Service	- An=	85 ac 1 Ma =	Tu
	0		Company			
	2756	Rolling ACT	72 Com	4		
		, , ,	Address	/		
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	1450	Bast Fin Muci. E-mail address: (to be u	150ro	ies. Of	w 芒 智	
	d	E-mail address: (to be u	sed for futur	e annual report	notification)	
		n concerning this matter, ple			notification)	
_	UN Dr	on Area	0 15	72-689	16 T	O
	Name of Pers	on Area	Code	Daytime Telep	hone Number 20	
	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	ed is a check fo	r the following amount:				
5 \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied Copy	S87.50 Filing Certificate of Certified Co	of Status &

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.

	gmiso Inc		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,''	"COMPANY," "CORPORATION,"
13.	251 Framiso Inc		
			dopted for the purpose of transacting business in Florida)
. AlA	bana	3.	82-1124669 (FEI number, if applicable)
(State or countr	y under the law of which it is incorporated))	(FEI number, if applicable)
. U	-11-2017	5.	
(Date	of incorporation)		(Date of duration, if other than perpetual)
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60	ss in F 17.150	Florida, if prior to registration) D2, F.S., to determine penalty liability)
880	OUNIVERSITY PAR.	ka	office address)
	, (Pri	incipal	d office address)
3788	Dolling Arms 74 1	Ac	g address, if different)
	(Current m	ailing	g address, if different)
. Name and stree	et address of Florida registered agent: ((P.O.	. Box NOT accentable)
Name:	LUN Zamitaz		
Office Address:	3788 Rulling Acre	/.	. Florida 32To/ (Zip code)
	PACE		Florida 32 J 7 / 5 9
	(City)		(Zip code)
. Itchiatered up	in succeptance.		
			e of process for the above stated corporalion at the place ent as registered agent and agree to act in this capacity.

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.

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: PAU/ BURL

Address: 1343 HALDWOOD Dr W

CUIF Ghores AL 36543 Vice Chairman: Address: Address: Director: **B. OFFICERS** President: PAU Busch Address: 1343 Hardwood Dr W CUIF Shire AL 36543 Vice President: Secretary: Treasurer: ___ Address: _____ NOTE: If necessary, you may attach an addendum with application listing additional officers and/or directors 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. Paul Buset (Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that FRAMISO INC was formed in Baldwin County, Alabama on April 11, 2017. The Alabama Entity Identification number for this entity is 389-054. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20170927000037980

In Testimony Whereof. I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/27/2017

Date

X 24. Menill

John H. Merrill

Secretary of State