

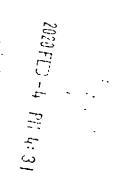
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COVER LETTER

-	stration Sectionsion of Corpor					
SUBJECT:	AmNet ESO	P Corporation				
		Name of corpora	tion - r	nust include suffix		
Dear Sir or M	ladam:					
"Certificate o	of Existence,"	by Foreign Corporation or "Certificate of Good Sorporation to transact but	Standir	ng" and check are subi		
Please return	all correspond	dence concerning this ma	uter to	the following:		
Joseph Sal Re	stivo					
		Name	of Per	son		
AmNet ESOP (Corporation					
		Firm/C	Compa	ı'n		
347 3rd Aven	ue 2nd Floor					
		Ac	ddress	-		
Chula Vista,	CA 91910					020
		City/Sta	te and	Zip code		[-)
jr@amnetmtg.		C mail addense (to be se	od Csa	fotous assural assaut a	ntitiontian)	
For further in		E-mail address: (to be us neerning this matter, plea		·	ouncation)	Fii 4: 3
Joseph Sal R	testivo	at (619	,	566-7233		-
Nam	ie of Person	Area (Daytime Teleph	one Number	
Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box 6			MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Enclosed is a	check for the	following amount:				
□ \$70.00 Fi	ling Fee C	1 \$78.75 Filing Fee & Certificate of Status	-	78.75 Filing Fee & Certified Copy		Filing Fee. cate of Status & cd 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. AmNet ESOP C	Corporation			
	orporation; must include "INCORPORATED," ' forp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)	
2. Delaware	3. 8	3-3280015		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicat	olei	
4 01/24/2019	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
7. 347 3rd Avenue 2	2nd Floor, Chula Vista, CA 91910			
	(Principal	office address)		
	(Current mailing	address, if different)		
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2020 FED -4	
Name:	Registered Agents Inc.		<i>₹3</i> 1	
Office Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida <u>33702</u>		
	(City)	(Zip code)	3	

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 Agents Inc.

Bill Havre - Assistant Secretary

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: __ Director: Address: **B. OFFICERS** President: Joseph Sal Restivo Address: 347 3rd Avenue 2nd Floor Chula Vista, CA 91910 Vice President: Address: دى Secretary: __ Treasurer: NOTE: If necessary, you may attach an addendum to the 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.

13. Joseph Sal Restivo

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMNET ESOP CORPORATION" 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 NINTH DAY OF DECEMBER, A.D. 2019.

2020 Fe3 - 4 P'; 4: 31

And and a second second

Authentication: 204172484

Date: 12-09-19

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(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
u 01/24/2019		5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
),					
·-	(Date first transacted busines	s in Flo	rida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607	7.1502	F.S., to determine penalty liability)	
347 3rd Avenue 2	2nd Floor, Chula Vista, CA 91910				
		icipal of	Tice address)		
	(Current ma	iling ad	dress, if different)		
3. Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	2020 F.E.D	
Name:	Registered Agents Inc.		_	e e e e e e e e e e e e e e e e e e e	
> cc	7901 4th St N STE 300				
Office Address:	7301 401 31 4 31 2 300	-	-	PH	
	St. Petersburg		. Florida <u>33702</u>	.	
	(City)		(Zip code)	· ພ	

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A-Not COOR Comments

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> Registered Agents Inc. Bill Havre - Assistant Secretary (Registered agent's signature)

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(Typed or printed name and capacity of person signing application)

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