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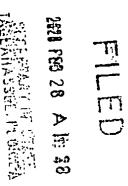
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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations .		
erio i	Organic Amazon Corp.		
SUDJ	Name of c	corporation -	must include suffix
Dear S	Sir or Madam:		
"Certi	nclosed "Application by Foreign Corporate of Existence." or "Certificate of referenced foreign corporation to tran	Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
	return all correspondence concerning y Klein	this matter t	o the following:
		Name of P	erson :
Recald	le Law Firm, P.A.		• • •
		Firm/Comp	any
10800	Biscayne Blvd, Suite 440	Time comp	,
		Addres	8
Miami	i, FL 33161		•
-	(	Tity/State and	d Zip code
rlima@	®organicamazon.com	• .	
	E-mail address: (	to be used fo	r future annual report notification)
For fu	orther information concerning this mat	ter, please ca	II:
Geremy Klein		305 792-9100	
		(	)
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314
Enclo	sed is a check for the following amoun	nt:	٠
<b>3</b> \$7	20.00 Filing Fee	,	\$78.75 Filing Fee & 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.

Organic Amazon Corp.

Organic Amazor 1.	n Corp.			
(Enter name of co	orporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	"OMPANY," "CORPORATI	ION."	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transaction	cting business in Florida)	
Delaware	_			
2	y under the law of which it is incorporated)			
5/14/2010				
(Date N/A	of incorporation)	(Date of duration, if other than perpetual)		
·	(Principal o	office address)		
	(Current mailing a	ddress, if different)		
3. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.O. I Geremy Klein 10800 Biscayne Blvd, Suite 440	Box <u>NOT</u> acceptable)	FILE MEMIANE	
Timee Address.	Miami	33161 , Florida		
	(City)	(Zip code)	्रिक्रिक् १९७५ <b>१९७</b>	
	,	, ,	•	

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)

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. iNan	res and business addresses of officers address directors	s.	
A. DIRI	ECTORS		
Chairman	·	·	
Address:			
		··	
View Chai	irman:		·
	•		
Address:			
	Jayson Fittipaldi		·
Director:	104 Crandon Blvd, Suite 409, Key Biscayne, Fl. 33149		
		<u> </u>	
	N. L. T.		
Director:	Rodrigo Lima  104 Crandon Blvd, Suite 409, Key Biscayne, FL 33149		
Address:	104 Crandon Blvd, Suite 409, Key Biscayne, FL 33149		
B. OFF	ICERS		
Provident	:		
Address:		1. A 14 1	·
Vice Pres	sident:		
Address:			<u>·                                      </u>
Secretary		·	<del></del>
Address:	Strikering 1		d.
			<u> </u>
		in the second second	Ald and other mandles discours
	If necessary, you may attach an addendum to the app		admonal officers and/or directors.
12	Signature of Dire	ctor or Officer	
The offi are true	cer or director signing this document (and who is list and that he or she is aware that false information sub legree felony as provided for in s.817.155, F.S.	ed in number 11:	above) affirms that the facts stated herein nent to the Department of State constitutes
	Jayson Fit (Typed or printed name and capacity	tipaldi, 1	Director
	(Typed or printed name and capacity	of person signin	g application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ORGANIC AMAZON CORP." 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 FOURTH DAY OF FEBRUARY, A.D. 2020.

Authentication: 202318916

Date: 02-04-20