

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--------------------|--|--|
| SUBJECT: MTB Ventures Inc | | | |
| | ame of corporation | on - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreig "Certificate of Existence," or "Certifabove referenced foreign corporation | icate of Good Sta | anding" and check are sub- | |
| Please return all correspondence con | cerning this matt | er to the following: | HAR T |
| Ilona Buksbaum | | | SS 6 |
| MTB Ventures Inc | Name o | f Person | PH -: |
| | Firm/Co | mpany | :08 |
| 1545 C Forest Lakes Circle | | | D. W |
| · · · | Add | lress | |
| West Palm Beach, FL 33406 | | | |
| | City/State | and Zip code | |
| admin@mtb-ventures.com | | | |
| E-mail ad | dress: (to be used | for future annual report n | otification) |
| For further information concerning to | his matter, please | call: | |
| Ilona Buksbaum | 561 at (| 906-8764 | |
| Name of Person | Area Co | de Daytime Teleph | hone Number |
| STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303 | | MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| | A DEPARTMEN | T OF STATE ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

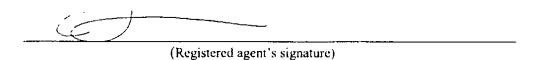
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

| MTB Ventures | Inc | | | | |
|--|--|--|--|---|--|
| | | ," "(| COMPANY," "CORPORATI | ON," | |
| (If name unavail | able in Florida, enter alternate corporate name | ado | oted for the purpose of transac | ting business in Florida) | |
| 2. Delaware | | 84-4252255 | | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | | |
| 01/16/2020 | 5. | . <u></u> | | | |
| (Date of incorporation) | | | (Date of duration, if other than perpetual) | | |
| | | | | | |
| | | | | oiliry) | |
| 1545 C Forest La | | | The determine penalty had | , . , | |
| | | ice <u>s</u> | treet address) | - 1 | |
| | | | | 2020 ALL | |
| | (Current maili | ng ac | ldress, if different) | | |
| Name and stree | et address of Florida registered agent: (P.6 Christopher Dorgan | Э. В | ox <u>NOT</u> acceptable) | PILED 2020 MAR -9 PM 1: 08 ALL HASSEE, FLORIDA | |
| ffice Address: | 1601 Congressional Way | | _ | D 1:08 STATE LORIDA | |
| | Deerfield Beach | | Florida 33442 | | |
| | (City) | | (Zip code) | | |
| | (Enter name of c "Inc.," "Co.," "Co., | "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name Delaware (State or country under the law of which it is incorporated) 01/16/2020 (Date of incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607. | (Enter name of corporation; must include "INCORPORATED," "C "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adoption of the law of which it is incorporated) Ol/16/2020 (Date of incorporation) (Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, 1545 C Forest Lakes Circle West Palm Beach, FL 33406 (Principal office some of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, 1545 C Forest Lakes Circle West Palm Beach, FL 33406 (Principal office some of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) (Current mailing additional content of the law of which it is incorporated) | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATI" Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact Delaware 3. 84-4252255 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other composed incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liable in Florida in the composed incorporation) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Christopher Dorgan 1601 Congressional Way Deerfield Beach Florida 33442 | |

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTORS | | | | | | |
|--|--|--------------------------|---|--|--|--|
| □Chairman | Erin Buksbaum Name: | Chairman | Name: | | | |
| □Vice Chairman | Address: 1545 C Forest Lakes Circle | □Vice Chairman | Address: | | | |
| Director | West Palm Beach, FL 33406 | Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | ■ Treasurer | □ Secretary | ☐Treasurer | | | |
| Other | Other | □Other | Other | | | |
| □ Director □ President | Name:1545 C Forest Lakes Circle Address: West Palm Beach, FL 33406 | □Vice Chairman □Director | Z020 HAR -9 PH 1: 08 Name: PH I STATE ORICA | | | |
| Secretary | □Treasurer | | | | | |
| Other | | ☐Secretary ☐Other | ☐Treasurer ☐Other | | | |
| | | | | | | |
| □Chairman | Name: | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | | □Director | · A Part Anna Anna Anna Anna Anna Anna Anna Ann | | | |
| □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. 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.

, Ilona Buksbaum Vice President



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

DELAWARE, DO HEREBY CERTIFY "MTB VENTURES 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-FIFTH DAY OF FEBRUARY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MTB VENTUE TO THE SAID "MTB VENTUE THAT THE SAID "MTB VENTUE THE SAID "MTB VENTUE THE SAID "MTB VENTUE THE SAID "MTB VENTUE THE

D20 SAR 20 PH 1: 08
SECTION OF STATE
ALLEHASSEE, FLORIDA

Authentication: 202461015

Date: 02-25-20