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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

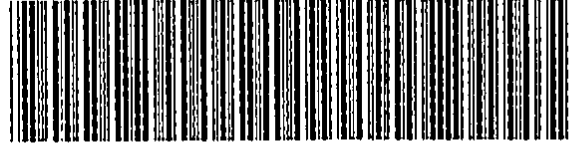
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EARTH ROBOTICS INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

INES MORALES
Name of Person
PAG.LAW PLLC
Firm/Company
600 BRICKELL AVE. SUITE 1725
Address
MIAMI, FLORIDA 33131
City/State and Zip code
INES@PAG.LAW
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INES MORALES at (786) 292 1599
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

1. EARTH ROBOTICS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/20/2020 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4851 NW 79 Ave, Ste 10 Doral, FL, 33166
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman Name: AMIR EMACHA

Vice Chairman Address: _____

Director 4851 NW 79 Ave, Ste 10 Doral, FL, 33166

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: ISMAEL EMACHA

Vice Chairman Address: _____

Director 4851 NW 79 Ave, Ste 10 Doral, FL, 33166

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: CARLOS JAIMES

Vice Chairman Address: _____

Director 4851 NW 79 Ave, Ste 10 Doral, FL, 331

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: CARLOS ESTEVES

Vice Chairman Address: _____

Director 4851 NW 79 Ave, Ste 10 Doral, FL, 33166

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: GIOVANNI ESTEVES

Vice Chairman Address: _____

Director 4851 NW 79 Ave, Ste 10 Doral, FL, 331

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

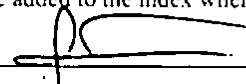
President _____

Vice President _____

Secretary Treasurer

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.

12. 
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. AMIR EMACHA DIRECTOR
(Typed or printed name and capacity of person signing application)

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EARTH ROBOTICS 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 TENTH DAY OF SEPTEMBER, A.D. 2020.

2020 21 11 8:00




Jeffrey W. Bullock, Secretary of State

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SR# 20206902999

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203627638

Date: 09-10-20