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## **COVER LETTER**

Division of	Corporations				
SUBJECT:	ADAMBA TI Name of corpo	mports	INT'L, I	NC.	_
	Name of corpo	oration - mus	t include suffix		
Dear Sir or Madam:					
"Certificate of Exist	ication by Foreign Corporation ence." or "Certificate of Goo reign corporation to transact	od Standing"	and check are subr	t Business in Flo nitted to register	orida," r the
Please return all cor-	respondence concerning this	matter to the	following:		
	M BAV	·	_		
72111	Na	me of Person	1		<del></del>
ADAh	IBA TMPORTS	THTIL	TNG.		
	184 [MPORTS Fire	n/Company	1 2 1 10 1		
13741	PONDVIEW UD	V			
		Address	_		
NAPL	ES, FL 34119 City/S				.~?
_	City/S	State and Zip	code		- ;
ADAM	PADAMBA. COM				2
	E-mail address: (to be	used for futi	ire annual report ne	otification)	5
For further informati	ion concerning this matter, pl	lease call:			
ADAM M.	rson at (Are	<u> 17 -                                  </u>	67-9989		95:111
Name of Pe	rson Are	a Code	Daytime Telepho	one Number	_ (,
Registration Division of C The Centre o	Corporations of Tallahassee proc Street, Suite 810		MAILING AB Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclosed is a check to Bease make check pay	or the following amount: able to: FLORIDA DEPARTM	MENT OF ST	ATE		
□ \$70.00 Filing Fee		□ \$78.7	'5 Filing Fee & fied Copy	S87.50 Filin Certificate	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.

		te name adopted for the purpose of transacting bu	
2. NEW	ORK	3. <u>II - 2477 516</u> (FEI number, if application)	
ما ا			
(Date	of incorporation)	5. (Date of duration, if other than	perpetual)
6			
	(Date first transacted but (SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
7 13741			
	PONDYIEW UR, N.	ipal office street address)	
		11 10 1100	
	(Curren	t mailing address, if different)	ند. د
8. Name and street	ı address of Florida registered agen	nt: (P.O. Box <u>NOT acceptable)</u>	29
Name:	ADAM M. BAK		
Office Address:		<u></u> -	
o incommenda	13741 JONDYIEW C NAPLES (City)	21.119	= :
	(City)	. Florida <u>94 II  </u> (Zip code)	  e>
9. Registered age		•	-
Having been name	ed as registered agent and to accep	ot service of process for the above stated con	rporation at the place
designated in this ( further agree to co	ipplication. I hereby accept the ap mply with the provisions of all sta	opointment as registered agent and agree to tutes relative to the proper and complete pe	) act in this capacity. I Prformance of my dution
and I am familiar	with and accept the obligations of	my dosition as registered agent.	, J ,
-	( h. //		
-	1 /11/1/		
-	1 4 11 1/1		

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

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name: ADAM M. BAK	□Chairman	Name:	
□Vice Chairman	Address: 13741 PONDVIEW UR	□Vice Chairman	Address:	
□Director	NAPLES, FL 34119	□Director		
President		□President	-	
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□()ther
□Chai⊓nan	Name:	<b>□</b> Chairman	Namer	
□Vice Chairman	Address:	□Vice Chairman		_
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□ Secretary		□Treasurer
□Other		□Other		□Other
□Chairman	Name:	□Chairman	Name:	50 July 12.
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		<u>.</u>
□President		□President		= ,
□Vice President		□Vice President		0
□Secretary	□Treasurer	□ Secretary	-	□Treasurer
□Other		□Other		□Other
12.	ise an attachment to report John than at (6). The atta added to the index when thing you relocide Department I Signume of Director of	or Officer	port form,	
The officer or direct she is aware that fall s.817,155, F.S.	tor signing this document (and sho is listed in numbers information submitted in a document to the Depart	tment of State constitut	it the facts state es a third degre	d herein are true and that he or re felony as provided for in
13	ADAM N. BAK / PRESIDEN (Typed or printed name and capacity of personnel)	on signing application)		

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ADAMBA IMPORTS INTERNATIONAL, INC. was filed on 10/25/1978, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



2020 D.C. 18 E.H. 3.P.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of December two thousand and twenty.

Brada C Hylan

Brendan C Hughes Executive Deputy Secretary of State