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COVER LETTER

TO: Registration Section Division of Corporation	ns					
SUBJECT: Hartstone Internation	onal Limited					
	Name of corporation	on - must	include suffix	<u> </u>		
Dear Sir or Madam:						
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpo	Certificate of Good Sta	anding" a	ınd check are sub			
Please return all correspondence	e concerning this matt	er to the	following:			
Stephen Rose					2021	
Name of Person				FEB 22		
•	Firm/Co	mpany		· ;;;;	PH	
2951 S Bayshore Dr, PH1				Ü.S.	⊐⊈ ယ	
	Add	lress			90	
Miami 4L 33133				pq.	٠.	
	City/State	and Zip	code			
hamishweb@outlook.com						
E-ma	ul address: (to be used	l for futu	re annual report r	otification)		
For further information concern	ing this matter, please	call;				
Stephen Rose	at (305	Code Daytime Telephone Number				
Name of Person	Area Co	ode	Daytime Telep	hone 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			
-	ORIDA DEPARTMEN	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87,50 F Certifier Certifier	ate of S	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.

	orporation: must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
Hartstone Interr	national Co, Limited				
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting business in Florida)			
Nevada	3 8	2-2132541			
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)			
10/20/2016	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
ı <u>.</u>					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Miami Beach, FL 33139	2, F.S., to determine penalty liability)			
	(Principal office	*******			
Name and street	(Current mailing et address of Florida registered agent: (P.O.	address, if different)			
Name:	Stephen Rose				
Office Address:	2951 S Bayshore Dr PH1	<u> </u>			
	Miami	, Florida 33133			
	(City)	(Zip code)			
laving been nam lesignated in this urther agree to c	application, I hereby accept the appointme	of process for the above stated corporation at the place of process for the above stated corporation at the place of as registered agent and agree to act in this capacity ative to the proper and complete performance of my dition as registered agent.			

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.

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

A. DIRECTORS Name: Stephen Rose Jonathan Brown □ Chairman Name: □ Chairman 2951 S Bayshore Dr, PH1 44 Star Island Dr Address: ☐ Vice Chairman □ Vice Chairman Address: Miami Beach, FL 33139 Miami, FL 33133 □Director □Director ■ President □President □Vice President ■ Vice President □Treasurer ☐ Secretary ■Treasurer ■ Secretary □Other _____ ☐ Other _____ .__ ☐Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □Director □Director [T]President □President □Vice President □Vice President ☐Treasurer Treasurer ☐ Secretary □ Secretary □Other _____ □Other _____ □Other Name: □Chairman □Chairman Name: □ Vice Chairman Address: ____ □Vice Chairman Address: □ Director □Director □President □President □Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □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.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HARTSTONE INTERNATIONAL LIMITED**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/20/2016, and is in good standing in this state.

Certificate Number: B202102131429135

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on 02/13/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State