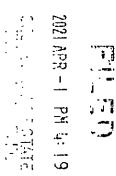
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(Rec	uestor's Name)	<u> </u>
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Special Instructions to F	iling Officer:	
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41121



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2021

RYAN TABLES 3475 SHERIDAN STREET SUITE 301 HOLLYWOOD, FL 33021

SUBJECT: ADELMAN & REAY IMAGES LTD.

Ref. Number: W21000033966

We have received your document for ADELMAN & REAY IMAGES LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 021A00005353



COVER LETTER

то:		tration Sect on of Corp							
SUBJ	ECT:	Adelman &	& Reay Images Ltd.						
5000		Name of corporation - must include suffix							
Dear S	ir or M	adam:							
"Certif	icate of	Existence.		f Good Stan	ding" a	zation to Transact I nd check are submi orida.			
Please	return a	all correspo	ndence concerning	this matter	to the	following:			
Ryan T	ables						(1	2(
			<u>-</u>	Name of	Person				
Tables	Law Gr	oup, P.A.						M°R	-
				Firm/Com	pany		.		1
3475 S	heridan	Street, Suite	301					Pr	1
				Addre	255			 _	
Hollyw	ood, Fle	orida 33021					- 1 11 1 11 - 1 2	<u>: 9</u>	
		· <u></u>		City/State a	nd Zip	code			
rtables	@gmail.	.com; and ta	bleslawgroup.patty@	gmail.com					
	-	·· -	E-mail address: (to be used t	or futu	re annual report not	itīcation)		
For fur	ther inf	formation c	oncerning this mat	ter, please c	all:				
Ryan Tables		786 t (269	-3554					
	Name	e of Person		Area Cod	/ e	Daytime Telepho	ne Number		
	Regis Divisi The C	tration Section of Corp Centre of Ta	orations Illahassee Street, Suite 810			MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction corations		
Please		eck payable	ne following amou to: FLORIDA DEF \$78.75 Filing Certificate of	ARTMENT	\$78.7		S87.50 Fill Certificate Certified	e of St	

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.

(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting busing	ness in Florida)
Province of Brit	ish Columbia, Canada	98-1578655 (FEI number, if applicab	
	y under the law of which it is incorporated)	(FEI number, if applicab	le)
January 07, 202	•		
(Date	of incorporation) 5.	(Date of duration, if other than pe	erpetual)
	•	Florida, if prior to registration) 02, F.S., to determine penalty liability)	7.00
5670 Yew Street	Vancouver, BC, V6M 3Y3, Canada		1_
	(Principal office	ce <u>street</u> address)	PH 4 20
		g address, if different)	20 170E
Name and stree	et address of Florida registered agent: (P.C. Tables Law Group, P.A.	D. Box <u>NOT</u> acceptable)	
ffice Address:	3475 Sheridan Street, Suite 301		
	Hollywood	, Florida 33021 (Zip code)	
	(City)	(Zip code)	
aving been nan	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointn omply with the provisions of all statutes re with and accept the obligations of my pos	nent as registered agent and agree to d elative to the proper and complete per	act in this capacity
rther agree to c			

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

Vice Chairman Address: Olive President Olive President Olive President Olive President Oliver	A. DIRECTORS				
Ovice Chairman Address:	■ Chairman	Name:	Chairman	Name:	
Director	□ Vice Chairman	Address: 6726 Cypress Street	□ Vice Chairman		
□ President □ Vice Chairman Name: □ Chairman Name: □ Vice Chairman Address: □ Vice Chairman Address: □ Vice Chairman Address: □ Vice President □ Vice President □ Vice President □ Vice President □ Vice Chairman Name: □ Chairman Name: □ Vice Chairman Address: □ Vice President □ Vice President □ Vice President □ Vice Vice Vice Vice Vice Vice Vice Vice	■Director	Vancouver, BC V6P 5L8, Canada	☐ Director		
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Oth	■ President		□President		
Secretary Creasurer Secretary Creasurer Cother	□Vice President		□Vice President		
Chairman Name: Chairman Name:	■ Secretary	☐Treasurer	□ Secretary		
□ Vice Chairman Address: □ Director □ Director □ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ Director □ Director □ Vice President □ Vice President □ Vice President □ Vice President □ Chairman □ Vice President □ Vice President □ Vice President □ Chairman □ Vice President □ Vice President □ Vice President	□ Other	Other	□Otber	Other	
Vice Chairman Address:	□ Chairman	Name:	□ Chairman	Name:	
Director Director President President Vice President Vice President Secretary Treasurer Secretary Treasurer Other Other Other Other Chairman Name: Vice Chairman Address: No Director Director President President Vice President Vice President Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other	☐ Vice Chairman	Address:	□Vice Chairman		
Vice President	□Director		Director	<u> </u>	
Vice President Vice Vice Vice Vice Vice Vice Vice Vice	□President		☐ President		
Secretary	□Vice President		□Vice President		
Chairman Name: Chai	Secretary	☐ Treasurer	Secretary		
□ Chairman Name: □ Chairman Name: □ Chairman Name: □ Chairman Name: □ Chairman Address: □ Chairman Addres	Other	Other	Other	Ouher	
□ Vice Chairman Address: □ Note Chairman Addr			□ Chairman	*****	
□ President □ President □ Vice President □ □ □ Vice President □		Address:	OVice Chairman	Address:	
□Vice President □Vice President □ □Secretary □Treasurer □Secretary □Treasurer			□ Director		
□Secretary □Treasurer □Secretary □Treasurer			☐ President		
Dother Bott	□Vice President		☐Vice President		
□Other □Other □Other □Other	-	□Treasurer	☐ Secretary	☐Tressurer	
	□ Other		□Oth er	Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-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 the is aware that false information submitted in a document (and who is listed in number 11 above).	12. The officer or direc	Signature of Director	or Officer	eport form.	-
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for Samantha Reay	1.817.155, F.S.	see anormation substituted in a document to the Depar	riment of State constitute	ites a third degree felony as provided for it	ic ol

(Typed or printed name and capacity of person signing application)



Certified True Copy of the original, this 6 day of August 202

Barrister & Solicitor

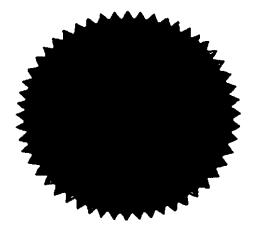
Number: BC1282891

PETER N. CRAWFORD Barrister & Soficitor 5670 YEW STREET VANCOUVER, BC V6M 3Y3 604-266-7174

CERTIFICATE OF INCORPORATION

BUSINESS CORPORATIONS ACT

I Hereby Certify that ADELMAN & REAY IMAGES LTD, was incorporated under the Business Corporations Act on January 7, 2021 at 04:18 PM Pacific Time.



ELECTRONIC CERTIFICATE

Issued under my hand at Victoria, British Columbia
On January 7, 2021

WINUT

CAROL PREST

Registrar of Companies
Province of British Columbia
Canada