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COVER LETTER

TO:	Registration Division of C			
SUB.	JECT:	FIEI	JDMAX MAN	AGEMENT INC.
5050		Name	of corporation	ı - must include suffix
Dear S	Sir or Madanu			
"Certi	ficate of Existe	eation by Foreign Co nee." or "Certificate rign corporation to tr	of Good Star	Authorization to Transact Business in Florida," ading" and check are submitted to register the ess in Florida.
Please	return all corre	espondence concerni	ng this matte	to the following:
			ЕПЛУП ЕМ	MANUEL.
			Name of	Person
			Firm/Con	npany
		65	520 TAFT ST	• •
	•		Addr	ess
			HOLLYWOO	D, FL 33024
			City/State a	nd Zip code
			Fieldmaxin	c@gmail.com
		E-mail address	: (to be used	for future annual report notification)
For fu	rther informatio	on concerning this m	atter, please (call:
E	LIJAH EMMAN	FUEL.	305 at (791-0520
	Name of Per	son	Area Cod	
	Registration S Division of C The Centre of	Corporations f Tallahassee roe Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please		or the following amouble to: FLORIDA DE S78.75 Filing Certificate o	PARTMENT g Fee & [OF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp,")				
(If name unavail	able in Florida, enter alternate corporate no	me adopted for the purpose of transacting business in Florida)			
HAWAH 3. 86-2521001					
3. (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
12/31/2017		perpetual			
(Date of incorporation)		5. (Date of duration, if other than perpetual)			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)			
		r 250 HOLLYW(X)D, FL 33024			
(Principal office street address)					
	(·····equi				
	·				
	·	niling address, if different)			
Name and stree	(Current m	niling address, if different)			
	(Current m et address of Florida registered agent: (niling address, if different)			
Name and street	(Current m	niling address, if different)			
	(Current m et address of Florida registered agent: (niling address, if different)			
Name:	(Current met address of Florida registered agent: (ELUAH EMMANUEL 6520 TAFT ST APT 250	P.O. Box NOT acceptable)			
Name:	(Current met address of Florida registered agent: (ELIJAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD	P.O. Box NOT acceptable) Plorida 33024			
Name: Tice Address:	(Current met address of Florida registered agent: (ELBAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City)	P.O. Box NOT acceptable)			
Name: Tice Address: Registered age	(Current met address of Florida registered agent: (ELUAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City)	P.O. Box NOT acceptable) Plorida 33024 (Zip code)			
Name: fice Address: Registered agoving been name	(Current met address of Florida registered agent: (ELIJAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City) ent's acceptance: ed as registered agent and to accept so	P.O. Box NOT acceptable) Florida 33024 (Zip code) Prvice of process for the above stated corporation at the plant of th			
Name: fice Address: Registered agoving been namesignated in this other agree to c	(Current metal address of Florida registered agent: (ELDAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointments of all statut.	P.O. Box NOT acceptable) Florida 33024 (Zip code) Prvice of process for the above stated corporation at the color in the capacity of the proper and agree to act in this capacity or relative to the proper and complete performance of My a			
Name: Tice Address: Registered againg been nam signated in this rther agree to c	(Current met address of Florida registered agent: (ELIJAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appoint	P.O. Box NOT acceptable) Florida 33024 (Zip code) Prvice of process for the above stated corporation at the color in the capacity of the proper and agree to act in this capacity or relative to the proper and complete performance of My a			
Name: fice Address: Registered againg been nam signated in this rther agree to c	(Current metal address of Florida registered agent: (ELDAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointments of all statut.	P.O. Box NOT acceptable) Florida 33024 (Zip code) Prvice of process for the above stated corporation at the color in the capacity of the proper and agree to act in this capacity or relative to the proper and complete performance of My a			
Name: fice Address: Registered agoiving been names signated in this other agree to c	(Current metal address of Florida registered agent: (ELDAH EMMANUEL 6520 TAFT ST APT 250 HOLLYWOOD (City) ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appointments of all statut.	P.O. Box NOT acceptable) Florida 33024 (Zip code) Prvice of process for the above stated corporation at the plaintment as registered agent and agree to act in this capacites relative to the proper and complete performance of My as position 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.

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

A. DIRECTORS	;					
Chairman	Name: ELDAH EMMANUEL	□Chairman	Name: WILLIAM NELOMS			
□Vice Chairman	Address:6520 TAFT ST APT 250	□Vice Chairman	Address: 6520 TAFT ST APT 250			
Director	HOLLYWOOD, FL 33024	□Director	HOLLYWOOD, FL 33024			
■ President		□President				
□Vice President		■Vice President				
□Secretary	■ Treasurer	☐ Secretary	□Treasurer			
□Other	Olher	□Other	EiOther			
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□'Freasurer	☐ Secretary	□ Freasurer			
Other	Other	□Other	□Other			
		_ _				
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address.	□ Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary	□ Freasurer			
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.						
12	Signature of Director of					
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		PRESIDENT				
(Typed or printed name and capacity of person signing application)						



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

FIELDMAX MANAGEMENT INC.

was incorporated under the laws of Hawaii on 12/31/2017; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF. I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: March 10, 2021

Cachen Colorat Cali

Director of Commerce and Consumer Affairs