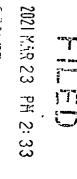
(Requestor's Name)	
(Address)	8003624
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PICK-UP WAIT MAIL	93/23/21~-010
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Certified Copies Certificates of Status	į.
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COVER LETTER

TO:		on Section of Corporations					
SUBJ	ECT:	AUGUSTA BL	OOMS, IN	C.			
				- must include suffix		_	-
Dear S	ir or Madai	m:					
"Certif	ficate of Ex	plication by Foreign Coistence," or "Certificate foreign corporation to t	of Good Stan	Authorization to Transac ding" and check are sub- ss in Florida.	et Business in Flor mitted to register	ida," the	
	return all c	orrespondence concern	ing this matter	to the following:		2021 X.T.R	· · · · · · · · · · · · · · · · · · ·
MyUS.	ACorporatio	n.com	Name of	Person			
1 Radis	sson Plaza, S	Suite 800	Firm/Com	pany	CONTRACT OF THE PROPERTY OF TH	2: 33	U
New R	ochelle, Nev	v York, 10801	Addre	ess			-
info@r	nyusacorpor	ation.com	City/State ar	nd Zip code			_
	<u> </u>	E-mail address	s: (to be used f	or future annual report n	otification)		-
For fur	ther inform	ation concerning this n	natter, please c	all:			
Anthony Morales 877 330-2		330-2677					
	Name of	Person	Area Code		one 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					
Please n		k for the following amo payable to: FLORIDA Difee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of Certified Co	f 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.

(Enter name of cor	A BLOOMS, INC. poration; must include "INCORPORAT" p," "Inc." "Co." or "Corp.")	ED," "	COMPANY." "CORPORATION		_	
(If name unavailab	le in Florida, enter alternate corporate na	me ado	opted for the purpose of transacting	business i	n Floric	la)
2. TEXAS	S	3.	N/A			
(State or country under the law of which it is incorporated))	(FEI number, if applicable)			
4 04/22	/2015	5				
··· 	f incorporation)	_ 3	(Date of duration, if other than perpetual)			
6. N\A						
7. 5712 PEPPE	(SEE SECTIONS 607.1501 & 60 RRIDGE DR RICHARDSON, TX	7.1502 7.508	lorida, if prior to registration) , F.S., to determine penalty liabilit 2-4994 street address)	y) - 73 }	021 KAR 23	" <u>"</u>
<u> </u>				;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	S PH	10
8. Name and street	(Current management of Florida registered agent: (-	iddress, if different) Box NOT acceptable)	TATE:	2: 33	
Name:	WALTER PRESZ		_			
Office Address:	1383 QUIET COVE CT		_			
	GULF BREEZE (City)		, Florida 32563(Zip code)			

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.

(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.

A. DIRECTORS			
□ Chairman	Name: NATHAN SHAW	□Chairman	Name: WALTER PRESZ
□Vice Chairman	Address: 5728 EAGLEBEND DR,	☐ Vice Chainnan	Address: 5728 EAGLEBEND DR.
Director	RICHARDSON, TX, 75082	☐ Director	RICHARDSON, TX, 75082
⊘ President		□President	
□ Vice President		☑Vice President	
Secretary	□Treasurer	☑ Secretary	⊘ Treasurer
Other	Other	Other	Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	\$ 2021 F
□President		□President	1 20 mm
□Vice President		□Vice President	23
Secretary	Treasurer	Secretary	①Treasurer
Other	Other	Other	
☐ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
☐ President		□ President	
□ Vice President		□ Vice President	
Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	Other	Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	ed for reporting purposes only. Non-indexed eport form.
	Signature of Director or	Officer	
The officer or directly she is aware that fars.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above affirms the neut of State constitu	nat the facts stated herein are true and that he or nes a third degree felony as provided for in
13.	NATHAN SHAW, F	President	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Augusta Blooms, Inc. (file number 802200382), a Domestic For-Profit Corporation, was filed in this office on April 22, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name

officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 15, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

rax: (512) 463-57 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1034427860002