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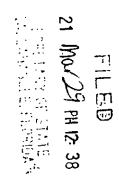
(R	Requestor's Name)			
(A	ddress)			
(A	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	tatus		
Special Instructions to	o Filing Officer:			
<u></u>				

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	Better Books Financials, Inc.			
0020		Name	of corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Star	iding" and check are submi	
Please	return	all correspondence concerni	ing this matter	r to the following:	
J. Benj	amin La	mbert			
			Name of	Person	
Lambe	rt World	lwide			
			Firm/Con	прапу	
PO Bo	x 19518	1			
			Addr	ess	·
Winter	Springs	s, FL 32719			
			City/State a	nd Zip code	
blambe	nt@lam	bertworldwide.com			
		E-mail address	: (to be used	for future annual report not	ification)
For fu	ther in	formation concerning this m	atter, please o	call:	
J. Benj	Benjamin Lambert at () 6030801				
	Nam	e of Person	Area Cod	e Daytime Telepho	ne 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	make ch	check for the following amoved payable to: FLORIDA DI ing Fee	EPARTMENT g Fee &		 \$87.50 Filing Fee, 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.

	nancials, Inc.				
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORAT	ION."		
(If name unavail	uble in Florida, enter alternate corporate na	•			
Delaware		3. 85-3181089	85-3181089 (FEI number, if applicable)		
	y under the law of which it is incorporated				
(Date	of incorporation)	(Date of duration, if of	(Date of duration, if other than perpetual)		
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60 . 250, Winter Springs, FL 32708	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty lia	ability)		
	(Principal	office street address)			
		21. 11. 10.1102			
	(Current m	ailing address, if different)			
Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)			
Name and street	et address of Florida registered agent: Donna Lambert	(P.O. Box <u>NOT</u> acceptable)	. 62		
Name:		(P.O. Box <u>NOT</u> acceptable)	21		
Name:	Donna Lambert 3625 SR 419, Ste. 250		21 Ma/S		
Name:	Donna Lambert 3625 SR 419, Ste. 250	(P.O. Box NOT acceptable) , Florida 32708 (Zip code)			
Name: Office Address: Registered ag Having been nam Jesignated in this jurther agree to c	Donna Lambert 3625 SR 419, Ste. 250	Florida 32708 (Zip code) ervice of process for the above staintment as registered agent and described relative to the proper and com	atèd cỡipărattun at the plac agree to act in dus capacity		
Name: Office Address: Registered ag Iaving been namesignated in this urther agree to c	Donna Lambert 3625 SR 419, Stc. 250 Winter Springs, FL (City) ent's acceptance: led as registered agent and to accept s application, I hereby accept the appoomply with the provisions of all statut	Florida 32708 (Zip code) ervice of process for the above staintment as registered agent and described relative to the proper and com	atèd cōrpāratībn at the plac agree to act in dis capacity		

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					
□ Chairman	Sahil Garg Name:	□Chairman	Name:	Lambert	
□Vice Chairman	Address:	□Vice Chairman	Address:	Address:	
□Director	Upper First Floor, Sector 46	□Director	Perpignan 66100 France		
■President	Gurgaon, Haryana 122003 India	□President			
□Vice President		■Vice President			
Secretary	□Treasurer	□Secretary		□Treasurer	
Other	Other	□Other		□Other	
☐ Chairman	Name:	□Chairman			
	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
Chairman	Name:	□Chairman			
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director	 		
□President		□President			
□Vice President		□Vice President	·		
□Secretary	□Treasurer	□Secretary		□Treasurer	
Other	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 of the 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 berein are true and that he or					

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 of 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.

, Donna Lambert, Secretary

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BETTER BOOKS FINANCIALS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202799419

Date: 03-23-21