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FLORIDA DEPARTMENT OF STATESECRETARY OF STATE FALLAHASSEE, FLORIDA

April 14, 2021

CORPORATE ACCESS

SUBJECT: H. & B. INTERNATIONAL GROUP, INC.

Ref. Number: W21000050160

Corrected

We have received your document for H. & B. INTERNATIONAL GROUP, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Suzanne Hawkes Regulatory II

Letter Number: 721A00007664

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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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.

(Einter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") Health & Business Development International, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NEVADA 3. 33-0693444 (State or country under the law of which it is incorporated) (PEI number, if applicable) 1/2/2/1995 (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 5312 Boca Marina Circle N., Boca Raton, Fl. 33487 (Principal office street address) (Current mailing address, if different) Name: Registered Agent Solutions, Inc. Office Address: 155 Office Plaza Dr. Suite A Tallahassee , Florida (City) Registered agent's acceptance: (City) Registered agent and to accept service of process for the above stated corporation at the placing agent in this application, I hereby accept the appointment as registered agent and agree to act in this capac further agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	1	TIONAL GROUP, INC.		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) NEVADA 3 33-0693444 (State or country under the law of which it is incorporated) 4 12/22/1995 (Date of incorporation) (Date of duration, if other than perpetual) 5 [Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5312 Boca Marina Circle N., Boca Raton, FL 33487 (Principal office street address) (Current mailing address, if different) Name: Registered Agent Solutions, inc. Office Address: 155 Office Plaza Dr. Suite A Tallahassee , Florida 32301 (City) Registered agent's acceptance: daving been named as registered agent and to accept service of process for the above stated corporation at the pesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacurather agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent. **Tallahasse** Florida 32301 Florida 100 F	(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORF orp," "Inc," "Co," or "Corp.")	PORATED,"	"COMPANY," "CORPORATION,"
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Jaclyn Wright, Asst. Secretary	·			Jaclyn Wright, Asst. Secretary
(Registered agent's signature)		(Registered	l agent's signa	ture)

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Blake C. Alsbrook Joshua Teeple □ Chairman □ Chairman 9401 Wilshire Blvd., 9th Floor 23832 Rockfield Blvd., Ste 245 ☐ Vice Chairman Address: ☐Vice Chairman Beverly Hills, CA 90212 Lake Forest, CA 92630 Director Director ☐ President □ President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ Other _____ Other ____ Name: _____ Blake C. Alsbrook Blake C. Alsbrook □ Chairman Chairman 9401 Wilshire Blvd., 9th Floor 9401 Wilshire Blvd., 9th Floor ☐ Vice Chairman Address: □Vice Chairman Address: _ Beverly Hills, CA 90212 Beverly Hills, CA 90212 Director ☐ Director President ☐ President □Vice President □Vice President ☐ Secretary ☐ Treasurer ■ Secretary □Treasurer Other____ □Other _____ □Other_____ Joshua Teeple □ Chairman □ Chairman Name: ____ □ Vice Chairman Address: 23832 Rockfield Blvd., Ste 245 □ Vice Chairman Address: Lake Forest, CA 92630 □Director □ Director ☐ President □President □Vice President _____ □Vice President ☐ Secretary Treasurer □ Secretary ☐ Treasurer 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 indeed 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. Blake C. Alsbrook, President

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. **H. B. INTERNATIONAL GROUP, INC.**, 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 12/22/1995, and is in good standing in this state.

Certificate Number: B202104091582332

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/09/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State