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2021 MAY 11 PH 3:

A.E.O. TELLO

Brumbley

COVER LETTER

TO:	Registration Section				
	Division of Corporations				
SUBJ	Streamline Berkshire Holdi ECT:	ings inc.			
		of corporation -	must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to t	of Good Stand	ng" and check are sub	nct Business in Florida." committed to register the	
	return all correspondence concern Aunson	ing this matter t	o the following:		
		Name of Pe	erson		
Stream	nline Berkshire Holdings Inc.				
		Firm/Comp	any		
382 NI	E 191st St, PMB 94285	·	•		
Miami	.FL 33179	Addres	S		
stream	lineberkshireholdingsine@gmail.com	City/State and	Zip code		
	E-mail address	s: (to be used for	future annual report	notification)	
For fur	ther information concerning this m	natter, please cal	l:		
Sean M	1 unson	540	540 664 8593		
	Name of Person	Area Code) Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n	Tallahassee, FL 32303 ed is a check for the following amonake check payable to: FLORIDA DI 00 Filing Fee	EPARTMENT O g Fee & 🔲 5	F STATE 678.75 Filing Fee & Certified Copy	□ \$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.

Streamline Berl 1.	kshire Holdings Inc.		
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	<u>,,,,</u>
(If name unavaila Delaware		dopted for the purpose of transacting 36-2994133	g business in Florida)
(State or country 03/29/2021	y under the law of which it is incorporated) 5	(FEI number, if app	•
(Date	of incorporation) 5	(Date of duration, if other the	han perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 PMB 94285, Miami FL 33179		y)
•	(Principal office	e street address)	
	(Current mailing	address, if different)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Sean Munson	Box NOT acceptable)	2821 110 Y 1
Office Address:	382 NE 191st St. PMB 94285	_	
	Miami	33179 , Florida	် ထို ယ
	(City)	(Zip code)	ίn
designated in this further agree to co	•	e of process for the above stated ent as registered agent and agre- ative to the proper and complete	corporation at the place to act in this capacity
	SSV	M	
	(Registered agent's sign	nature)	

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	Sean Steven Munson					
□Chaiπnan	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Miami, FL 33179	Director				
□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				
□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				
□President		□President				
□Vice President		□Vice President				
□Secretary	ПTreasurer	☐ Secretary	Treasurer			
Other	Other	Other	Other			
Important Notice: U	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	hment will be imaged at of State Annual Re	I for reporting purposes only. Non-indexed port form.			
12	San					
	Signature of Director or	Officer	· · · · · · · · · · · · · · · · · · ·			
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number ise information submitted in a document to the Departm	11 above) affirms the nent of State constitut	at the facts stated herein are true and that he or tes a third degree felony as provided for in			
Sean Steven Munson, Director						
(Typed or printed name and capacity of person signing application)						

Page 1



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

DELAWARE, DO HEREBY CERTIFY "STREAMLINE BERKSHIRE HOLDINGS 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 FIFTEENTH DAY OF APRIL, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STREAMLINE BERKSHIRE HOLDINGS INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

A STATE OF THE PARTY OF THE PAR

Authentication: 202979189

Date: 04-15-21

5711178 8300 SR# 20211191789