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	CERTIFIED COPY	
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1	Nestbloom Corp	poration
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COVER LETTER

TO: Registration Section Division of Corporation	ons					
SUBJECT: Westbloom Corpo						
SUBJECT:	Name of corporat	ion - must	include suffix			_
Dear Sir or Madam:						
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good S	tanding" a	nd check are sul	act Business in bmitted to reg	n Florida," ister the	
Please return all correspondend Amber Velasco	e concerning this mat	tter to the i	following:			
	Name	of Person			 -	
Law Offices of Gene R. Moses, P.	S.				٠٠: بي	282
	Firm/C	ompany			39. 4	_ <u>∓</u>
2200 Rimland Drive, Suite 115						2 144 128
Address				THE CORP	-α	
Bellingham, WA 98226						3
City/State and Zip code reception@genemoses.net					SAID.	10:42
E-m	ail address: (to be use	d for futur	e annual report	notification)		
For further information concern	ning this matter, pleas	e call:				
Amber Velasco	at (676-				
Name of Person	Area C	ode	Daytime Telep	hone Number		
STREET/COURIER Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street Tallahassee, FL 32303	ns see , Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		
	owing amount: ORIDA DEPARTMEN 8.75 Filing Fee & ertificate of Status	□ \$78.75	ATE Filing Fee & ed Copy		Filing Fee. cate of Statused Copy	s &

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.

	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMP	ANY," "CORPORATION	V."		
N/A						
(If name unava	ilable in Florida, enter alternate corporate nan	ne adopted fo	r the purpose of transactin	g business in Florida)		
Wyoming		85-2322807				
· 	ry under the law of which it is incorporated)	(FEI number, if applicable)				
07/29/2020		Perpetuat		•		
·	e of incorporation)	(Date of duration, if other than perpetual)				
N/A						
300 SE 2nd Stree	(Date first transacted business (SEE SECTIONS 607.1501 & 607. st, Suite 600, Ft. Lauderdale, FL, 33301			y)		
	(Principal of	ffice <u>street</u> a	ddress)	·····		
#900, 602 12 Av	enue SW, Calgary. AB, T2R 113 Canada					
	(Current mail	ing address,	if different)			
Name and stre	et address of Florida registered agent: (P.	O. Box <u>NO</u>	<u>OT</u> acceptable)	HAY		
Name:	Registered Agent Solutions Inc.			Y 28		
fice Address:	155 Office Plaza Dr. Suite A			AM 10: 42 8F STATE CLFLORIDA		
	Tallahassee	, Flo	32301 rida	STAT LORE		
	(City)		(Zip code)	(E) (F) (F)		

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 ugent.

(Rogistered 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:		
□Vice Chairman	#2105, 210 15th Ave SE Address:	□Vice Chairman	Address: #415 823 5th Avenue NW	≣.	
■ Director	Calgary, Alberta T2G 0B5	Director	Calgary, Alberta T2N 0R5	-	
□President	Canada	■ President	Canada		
□Vice President		□Vice President			
☐ Secretary	■ Treasurer	■ Secretary	□Trcasurer		
□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 = =	··i~;	
Other	Other	□Other	3.	,7 Mary 14 \$-21 m to \$	
			Name: On Part Name:	TO	
□ Chairman	Name:	Chairman			
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer		
□Other		Other	Other		
Important Notice: Us individuals may be a	se an attachment to report more than six (6). The dded to the index when filing your Florida Depar	attachment will be imaged tment of State Annual Rep	for reporting purposes only. Non-indexed ort form.		
12					
	Signature of Direct	or or Officer			
she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in nun e information submitted in a document to the Dep	nber 11 above) affirms that partment of State constitute	the facts stated herein are true and that he or s a third degree felony as provided for in		
Jack Martyn, F	President				

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Westbloom Corporation

is a Profit Corporation

formed or qualified under the laws of Wyoming did on July 29, 2020, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2020-000933494.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of May, 2021 at 1:12 PM. This certificate is assigned ID Number 044834333.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.