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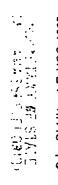
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Section Division of Corporations			
CHIDI	IECT: LITTLE OTTO GROUP II	NC.		
SUD	Nam	e of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign of ficate of Existence," or "Certificate referenced foreign corporation to	ate of Good Stand	ling" and check are sub-	et Business in Florida," mitted to register the
Please	return all correspondence concer	rning this matter	to the following:	
LOVE	TTE DOBSON			
		Name of I	Person	
		Firm/Com	pany	
17350	STATE HWY 249 #220	·	•	
		Addre	ss	
HOUS	TON, TX 77064			
		City/State ar	nd Zip code	
EFILE	1234@INCFILE.COM			
	E-mail addre	ess: (to be used for	or future annual report n	otification)
For fu	rther information concerning this	matter, please ca	all:	
LOVE	TTE DOBSON	at (888-462-3453 Daytime Teleph	
	Name of Person	Area Code	Daytime Teleph	none Number
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 8 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassec, F	ection orporations 7
Please	sed is a check for the following at make check payable to: FLORIDA 0.00 Filing Fee S78.75 Fil Certificat	DEPARTMENT	OF STATE \$78.75 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.

(If name unavaile	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting bus	siness in Florida)	
2. CALIFORNIA	3	46-2171891		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applical	ble)	
4. 02/28/2013	5.	PERPETUAL		
	of incorporation)	(Date of duration, if other than perpetual)		
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 OAD, SUITE 500-1059, BOCA RATON, FL	02, F.S., to determine penalty liability)	 	
7.		ce street address)		
	, -			
8. Name and stree	, -	g address, if different)	2021	3 3 7
	(Current mailing et address of Florida registered agent: (P.O.	g address, if different)	2021 JUN 2	3 3 3 4 7
Name:	(Current mailing the standards of Florida registered agent: (P.O.) ADAM GILLMAN	g address, if different)	2021 JUN 21 A	-
Name:	(Current mailing et address of Florida registered agent: (P.O. ADAM GILLMAN 5550 GLADES ROAD, SUITE 500-1059	g address, if different) Box NOT acceptable)	SIZI JUN 21 AH IO: I	-

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	·						
□Chairman	Name:	□ Chairman	Name: Lara Gil	lman			
□Vice Chairman	Address:	□Vice Chairman	Address:	3 Abruzzo Ave			
Director	Boca Raton, FL 33496	□Director	Boca Raton, F	L 33496			
☑President		□President					
□Vice President		□Vice President					
Secretary		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			
□ C hairman	Name:	□Chairman	Name:	2821 J			
-	Address:	□Vice Chairman		,			
□Director		□Director		T			
□President		□President					
□Vice President		□Vice President		<u> </u>			
Secretary	□Treasurer	☐Secretary		□Treasurer			
Other	Other	□Other		□Other			
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual Re	d for reporting purport form.	rposes only. Non-indexed			
12	Alam Gillman Signature of Director or	000					
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 fa	ctor signing this document (and who is listed in number alse information submitted in a document to the Departn	nent of State constitu	tes a third degree	felony as provided for in			

s.817.155, F.S.

13. Adam Gillman - PRESIDENT



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

LITTLE OTTO GROUP INC.

File Number:

C3539314

Registration Date:

02/28/2013

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of May 12, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 13, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: ZQAM36R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.