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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Cor | | | | | |
|--|--|---|--|--|--|
| SUBJECT: Artisanal | Mining and Blasting, Incorpora | ited | | | |
| | Name of corpora | tion - must include suffix | | | |
| Dear Sir or Madam: | | | | | |
| "Certificate of Existence | ion by Foreign Corporation e." or "Certificate of Good S n corporation to transact bus | Standing" and check are s | | | |
| Please return all corresp | ondence concerning this ma | atter to the following: | | | |
| Jason DeLuisa | | | | | |
| | Name | of Person | | | |
| Artisanal Mining and Bla | sting | | | | |
| | Firm/C | Company | | | |
| 15919 29th St E | | | | | |
| | A | ddress | | | |
| Parrish, FL 34219 | | | | | |
| | City/Sta | te and Zip code | | | |
| artisanalminingandblastin | · - | | | | |
| | E-mail address: (to be us | ed for future annual repor | rt notification) | | |
| For further information | concerning this matter, plea | se call: | | | |
| Jason DeLuisa | 505 at (|) <u>331-0295</u> | | | |
| Name of Perso | n Area (| Code Daytime Tel | ephone Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | Registration Division of P.O. Box 6. | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclosed is a check for Please make check payabl \$70.00 Filing Fee | the following amount: e to: FLORIDA DEPARTMI \$ \$78.75 Filing Fee & Certificate of Status | ENT OF STATE \$78,75 Filing Fee & Certified Copy | : S87,50 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 unavai | lable in Florida, enter alternate corporat. | e name adopte | d for the purpose of transacting | g business in Florida) | - |
|---|---|---|--|---|-------------|
| Alaska | ntry under the law of which it is incorporated) 81 - 2522530 (FEI number, if applicable) | | | | |
| (State or count | (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| | | | | | |
| (Date of incorporation) 5. | | ` | (Date of duration, if other than perpetual) | | |
| | | | | | _ |
| | (Date first transacted bus | siness in Florid | la, if prior to registration) | 10.) | |
| 5010 30d. vs.15 | (SEE SECTIONS 607.1501 & | ; 607,1504, r . | S., to determine penany naom | iy) | |
| | Parrish, FL 34219 | 1 00 | | | - |
| | (PIIIC) | apal office <u>stre</u> | et address) | | |
| | Curren | . moiling addr | ess, if different) | | |
| | teunen | i maning addi | ess. If different | (0>- | |
| | et address of Florida registered agen | r (P.O. Boy | NOT accentable) | 17.00 | |
| Name and stre | | . (| it or it is a second | | τ: |
| | | | | क हा | |
| Name and <u>stre</u> Name: | Jason Del uisa | | | 76-2 | |
| | | | | J6 -2 PA TABY OF THACSE | |
| Name: | Jason DeLuisa 15919-29th St E | | Storida 34219 | JG -2 PM 2: TABY OF ST | |
| Name: | Jason Del uisa 15919-29th St E | | Florida 34219 (Zip code) | JG -2 PM 2:36 | |
| Name: ice Address: | Jason DeLuisa 15919-29th St E Parrish (City) | | | JG-2 PM 2:36 | |
| Name: ice Address: Registered ag | Jason DeLuisa 15919-29th St E Parrish (City) gent's acceptance: | | (Zip code) | SEGRETARY OF STATE on the TALL MARSEE, FL | |
| Name: ice Address: Registered ag ving been nan ignated in thi | Jason DeLuisa 15919-29th St E Partish (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the ap | ot service of p | (Zip code) orocess for the above stated segistered agent and agree | l corporation at the se to act in this capa | pla city |
| Name: ice Address: Registered agving been nanignated in this | Jason DeLuisa 15919-29th St E Parrish (City) gent's acceptance: med as registered agent and to accep | ot service of popointment a tutes relative | (Zip code) process for the above stated s registered agent and agro to the proper and complet | l corporation at the se to act in this capa | pla city |

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 | Name: Jason Delluisa | □Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| ■ Director | Parrish, FL 34219 | Director | | |
| ■President | | □President | | |
| □Vice President | | □Vice President | | |
| □ Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| □Other | Other | □Other | . | □Other |
| □Chainnan | Jennifer d eLuisa | □Chairman | Name: | |
| □Vice Chairman | Address: 15919 29th St E | □Vice Chairman | | |
| □Director | Parrish, FL 34219 | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | - |
| ■ Secretary | ■ Treasurer | ☐ Secretary | | □Treasurer |
| □Other | □Other | □Other | | □Other |
| □Chairman | Name: | □Chairman | Name: | |
| □Vice Chairman | Address | □Vice Chairman | | |
| □Director | | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | □Treasurer | □Secretary | | □Treasurer |
| □Other | | □Other | | □Other |
| | Jse an attachment to report more than six (6). The attachded to the index when filing your Florida Departn | | | arposes only. Non-indexed |
| 12. | Signature of Director | | | |
| O | Signature of Director tor signing this document (and who is listed in numb | | , , | |

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.

Alaska Entity #10070493

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Artisanal Mining and Blasting, Incorporated

This entity was formed on October 24, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Julie Cinterior



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective July 28, 2021.

Julie Anderson Commissioner