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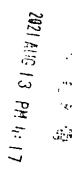
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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3//s/

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Amadeus Marine Group	o, Inc			
Nobile 1.	lame of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Forci "Certificate of Existence," or "Certi above referenced foreign corporation	ficate of Good Stand	ing" and check are submitt	usiness in Florida." ted to register the	
Please return all correspondence cor	ncerning this matter (to the following:		
James May				
	Name of P	erson		
Amadues Marine Group, Inc				
	Firm/Comp			
3490 Timberline Drive			20	
	Addre	SS	20 21 AUG 3	
Quincy, 1L 62305			: Su	₹1 .;.
- · · · · · · · · · · · · · · · · · · ·	City/State an	d Zip code	13	
rainmakermanagementiac@gmail.com			fication)	٠;٠
E-mail a	ddress: (to be used fo	or future annual report noti	fication)	
For further information concerning	this matter, please ca	ill:	17	
Ruth Willis	at (²¹⁷) 242-3650 Daytime Telephon		
Name of Person	Area Code	Daytime Telephon	e Number	
STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Taliahassee, FL	ion orations	
	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & I Certified Copy	■ \$87.50 Filing Fee. Certificate of Status Certified Copy	Ŀ

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.

he law of which it is incorporated)	opted for the purpose of transacting 2-2008505 (FEI number, if app	business in Florida)
$\frac{1}{10000000000000000000000000000000000$	-2008505 (FEI number, if app	•
he law of which it is incorporated)	(FEI number, if app	licable)
		licable)
.1.		
poration)	(Date of duration, if other th	nan perpetual)
(Date first transacted business in Fl	lorida, if prior to registration) , F.S., to determine penalty liability	v)
	, ,	
	street address)	
		~ >
(Current mailing a	ddress, if different)	821
or a C Filani da mani stancel annoste (D.O. T	Day MOT a consulta)	AUS
_ ,	sox <u>NOT</u> acceptable)	2821 AUS 13
	_	- P)
<u>- </u>		<u>.</u>
· ·	. Florida 34112	17
(City)	(Zip code)	
	(SEE SECTIONS 607.1501 & 607.1502 uincy. IL 62305 (Principal office) (Current mailing a see of Florida registered agent: (P.O. E. May	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability unity. IL 62305 (Principal office street address) (Current mailing address, if different) as of Florida registered agent: (P.O. Box NOT acceptable) May Royal Lane (City) Florida (Zip code)

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 James May □Chairman | □Chairman Name: ____ Address: 3490 Timberline Drive ☐ Vice Chairman □Vice Chairman Address: Quincy, IL 62305 Director ☐ Director President □ President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □ Other _____ □Chairman Name: Name: _____ □ Chairman □Vice Chairman Address: ☐Vice Chairman Address: _____ □ Director □ Director □President President □Vice President ☐ Vice President □ Secretary ☐Treasurer □ Treasurer □ Secretary □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 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 added to the index when filing your Florida Department of State Annual Report form. 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.

File Number

7338-293-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AMADEUS MARINE GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 04, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set in the State of Illinois, this 10TH day of AUGUST A.D. 2021.

Authentication #: 2122201976 verifiable until 08/10/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE