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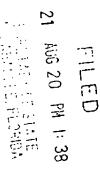
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COVER LETTER

TO:		tration Section on of Corporations				
SUBJE	ECT·	Alan J Balmer PC				
.,0202	3011	Name of	f corporation	ı - must i	nclude suffix	
Dear Si	r or M	adam:				
"Certifi	cate of	"Application by Foreign Cor Existence," or "Certificate of red foreign corporation to tra	of Good Stan	iding`` an	d check are subi	
Please r	emer a	all correspondence concernin	g this matter	to the fe	ollowing:	
Alan J B	Balmer					
			Name of	Person		
Alan J B	Balmer	PC				
		-15	Firm/Con	npany		
1998 SV	V Certo	sa Road				
		<u> </u>	Addr	ess		
Port Sain	nt Luci	e, FL 34953				
			City/State a	nd Zip c	ode	
ajbepape	c@gma	il.com				
		E-mail address:	(to be used	for future	annual report n	otification)
For furt	her int	formation concerning this ma	itter, please o	call:		
Alan J E	Balmer	,	641 at (233-1	036	
	Name	of Person	Area Cod	e	Daytime Teleph	none Number
	Regis Divisi The C 2415	CET/COURIER ADDRESS tration Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810 tassee, FL 32303	:		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	nake ch	check for the following amount of the control of th	PARTMENT Fee & - [□ \$ 78.7 <i>5</i>	TE Filing Fee & ed 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.

"Inc" "Co" "C	orporation; must include "INCORPORATEI orp." "Inc." "Co," or "Corp.") Balmer PC Profes		
(If name unavail	able in Florida, enter alternate corporate nam	le adopted for the purpose of transac	ting business in Florida)
lowa	y under the law of which it is incorporated)	3. 42-1377380 (FEI number, if	
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
11/26/1991	5	5.	
(Date	of incorporation)	5(Date of duration, if oth	er than perpetual)
N/A			
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	pility)
1998 SW Certosa	Road		
	(Principal o	ffice street address)	
	(Current mail	ling address, if different)	
Name and street	et address of Florida registered agent: (P	.O. Box NOT acceptable)	
Name:	Alan J Balmer		2
Name.	1998 SW Certosa Road		
ffice Address:	1998 SW Ceriosa Road		高力
	Port Saint Lucie	, Florida	20
	(City)	(Zip code)	
Registered agi aving been nam	ent's acceptance: sed as registered agent and to accept ser	vice of process for the above sta	ted corneration at the place
	application, I hereby accept the appoin		
	omply with the provisions of all statutes		lete performance of my du
d I am familiai	with and accept the obligations of my p	position as registered agent.	
_	(Registered agent's		
	(registered agent's	aignature)	

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 Alan J Balmer □Chairman Name: □ Chairman 1998 SW Certosa Road ☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: Port Saint Lucie, FL 34953 □ Director □ Director President □President □Vice President □ Vice President ☐ Treasurer ☐ Treasurer ☐ Secretary □Sceretary Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman □ Chairman Address: □Vice Chairman Address: _____ □ Vice Chairman □ Director Director □ President □President ☐ Vice President □Vice President ☐Treasurer □ Secretary □ Treasurer □ Secretary □Other _____ □Other □ □Other _____ □Other _______ □ Chairman Name: ______ □ Chairman Name: □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □ President □Vice President ____ □Vice President □ Treasurer □ Secretary ☐ 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 modes when filing your Florida Department of State Annual Report form. Signature of Director or Officer

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.

, Alan J Balmer

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 8/16/2021

Name: ALAN J. BALMER, P.C. (496CDP - 154317)

Date of Incorporation: 11/27/1991

Duration: PERPETUAL

- I. Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS227274

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate. Iowa Secretary of State