

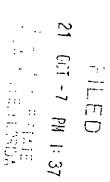
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Amublero, Inc			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application based "Certificate of Existence," of above referenced foreign contacts."	r "Certificate of Good Stand	ling" and check are subr	
Please return all corresponde	ence concerning this matter	to the following:	
Randy Berholtz			
	Name of F	Person	
	Firm/Comp	oany	
PO Box 2833			
	Addre	SS	
Rancho Santa Fe, CA 92067			
	City/State an	d Zip code	
rberholtz@gmail.com			
E	-mail address: (to be used for	or future annual report no	otification)
For further information conc	erning this matter, please ca	all:	
Jake D. Siciliano	at (²⁰²	909-5524	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIE Registration Section Division of Corpora The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	tions lassee cet, Suite 810	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the f Please make check payable to: \$\infty\$ \$70.00 Filing Fee	FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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	Corp," "Inc," "Co," or "Corp.")			
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business in Florida)	
Delaware	3			
(State or count	ry under the law of which it is incorporated)	(FEI number, if	applicable)	
02/11/2019	5			
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)	
01/01/2021				
		Florida, if prior to registration)		
1051 NW 74 A	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty hab	unty)	
THE TIME ICEL	enue Ste. 600, Miami, FL 33136			
	(Principal offi	ce street address)		
	(Current mailin	g address, if different)		
Name and street	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	. 10	
Name and stree	et address of Florida registered agent: (P.C. Robert Buchanan	D. Box <u>NOT</u> acceptable)	2	
Name:). Box <u>NOT</u> acceptable)	21 001	
Name:	Robert Buchanan 1951 NW 7th Avenue Ste. 600		21 031 -	
Name:	Robert Buchanan 1951 NW 7th Avenue Ste. 600 Miami	 , Florida ³³¹³⁶	21 CCI -7	
Name:	Robert Buchanan 1951 NW 7th Avenue Ste. 600		21 CST -7 PM	
Name:	Robert Buchanan 1951 NW 7th Avenue Ste. 600 Miami	 , Florida ³³¹³⁶		
Name: ffice Address: Registered agaving been name	Robert Buchanan 1951 NW 7th Avenue Ste. 600 Miami (City) ent's acceptance: led as registered agent and to accept service.	, Florida 33136 (Zip code)	ed corporation at the po	
Name: ffice Address: Registered agaving been namesignated in this	Robert Buchanan 1951 NW 7th Avenue Stc. 600 Miami (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointn	The code of process for the above state of the action and against the state of the action and against the state of the action and against the action and against the action action as registered agent and against the action action.	ed corporation at the pare to act in this capaci	
Name: ffice Address: Registered agaving been namesignated in this rther agree to c	Robert Buchanan 1951 NW 7th Avenue Stc. 600 Miami (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re	The state of process for the above state of the proper and complete to the proper and complete of the proper and co	ed corporation at the pare to act in this capaci	
Name: office Address: Registered agraving been namesignated in this arther agree to contact.	Robert Buchanan 1951 NW 7th Avenue Stc. 600 Miami (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointn	The state of process for the above state of the proper and complete to the proper and complete of the proper and co	ed corporation at the pare to act in this capaci	
Name: ffice Address: Registered agaving been namesignated in this arther agree to contact.	Robert Buchanan 1951 NW 7th Avenue Stc. 600 Miami (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re	The state of process for the above state of the proper and complete to the proper and complete of the proper and co	ed corporation at the pare to act in this capaci	
Name: office Address: Registered aglaving been namesignated in this	Robert Buchanan 1951 NW 7th Avenue Stc. 600 Miami (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re	The state of process for the above state of the proper and complete to the proper and complete of the proper and co	ed corporation at the pare to act in this capaci	

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Randy Berholtz Randy Berholtz Chairman □ Chairman 1951 NW 7th Avenue Ste. 600 1951 NW 7th Avenue Stc. 600 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Miami, FL 33136 Miami, FL 33136 Director Director □President □ President □Vice President ■ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer □Other ___ □Other □Other ___ Other Robert Buchanan Name: _ Robert Buchanan □Chairman Name: □ Chairman 1951 NW 7th Avenue Ste. 600 1951 NW 7th Avenue Stc. 600 □Vice Chairman Address: ☐ Vice Chairman Address: Miami, FL 33136 Miami, FL 33136 ■Director Director □ President President □ Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐ Treasurer □Other ____ □Other ____ Other □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President ☐ President □Vice President _ ☐ Vice President Treasurer □ Secretary □ Treasurer □ Secretary □Other _____ ☐ 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. 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.

13. Robert Buchanan, Chief Executive Officer

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMBULERO, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORFORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBULERO, INC."
WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

7277408 8300 SR# 20213187834

You may verify this certificate online at corp.delaware.gov/authver.shtml

Saffery W Balanch, Sacremary of Saffer

Authentication: 204250064

Date: 09-25-21