## F21000006120

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporation	ms				
SUB.	JECT:	PRACTI Name of corporati	CAL	Buddk	DA, INC.	
		Name of corporati	ion - must inc	dude suffix		
Dear :	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or ' referenced foreign corp	*Certificate of Good S	tanding" and	check are subn	t Business in Florida." nitted to register the	
Please	e return all corresponden	ce concerning this mat	iter to the foll	lowing:		
		Thomas 1	NOTARI	ANNI		
		Name	of Person			
		PRACTICA Firm/C	1 Bos	Wha I	Lac.	
		Firm/C	ompany	1	· L	
	13	5 YACHT	Club	Way	#304	
		Ad	ldress			
		Hypo luxo City/State	, 1	3340	2	
		City/State	e and Zip coc	le C s	. 1	
	12	ton 0	PEAC	erol N	hinds org	
	D-1	ian address. (to be use	ed for future c	imidai repore n	J	
For ft	irther information concer	ming this matter, pleas	se call:			
	Name of Person	MW: at (50	$\frac{1}{1000}$ ) $\frac{1}{1000}$	31-3 Daytime Teleph	GZG one Number	
	STREET/COURIER	ADDRESS:		MAILING AI		
Registration Section Division of Corporations				Registration Section Division of Corporations		
The Centre of Tallahassee				P.O. Box 6327		
	2415 N. Monroe Stree Tallahassee, Fl. 3230			Tallahassee, Fl	. 32314	
Enclo	sed is a check for the fol	lowing amount:				
	make check payable to: F 0.00 Filing Fee	LORIDA DEPARTME \$78.75 Filing Fee &		E Filing Fee &	\$87.50 Filing Fee.	
∕ ب ب		Certificate of Status	Certified	_	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. PRACTICAL BURGA IX.
(Enter name of corporation: must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. 2/23/2021 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 135 YACHT Club Way #304 14 YAOUXO, F1 33462 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) homes NATARIANNI 135 YPONT CLUBINDY 304
HYPONO FL Borida 33467
(City) (Zip code) Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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	,						
□Chairman	Name: Thomas NOTARIANNI	□Chairman	Name: Dasid BeDINEAU				
□Vice Chairman	Address: 135 YACVIT Clubway #304	□ Vice Chairman	Address:				
□Director	#50y	□Director	331 Elmwood Dr. Site 4-1000				
President	Hypolixo, F1 33462	□President	Monoton, New Bruswick				
	<u> </u>	Vice President	Carada EIA741				
☐ Secretary	Treasurer	Descretary	□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				
7.00	N.	Chairman.	Name:				
	Name:						
□Vice Chairman	Address:		Address:				
□Director		□Director					
□President		□President	<del></del>				
□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.							
12		Thoma	y Nomerann				
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. Thomas Notagians. President Practical Brichat Ire.  (Typed or printed name and capacity of person signing application)							

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRACTICAL BUDDHA, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRACTICAL BUDDHA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021.

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

at corp.delaware.gov/auth

Authentication: 204436961

Date: 10-18-21

5219180 8300 SR# 20213538917