F21000006440

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

Office Use Only



200375888272

11/03/21--01011--012 **70.00

2021 NOV -3 AM 9:59

s. ROBERTS NOV - 3 2021

COVER LETTER

TO: Registration Division o	on Section of Corporations			
SUBJECT: BK	NATURALS INC			
30b3ECT	Nam	ne of corporation -	must include suffix	
Dear Sir or Madan	n:			
"Certificate of Exi		ate of Good Standi	thorization to Transact ng" and check are subm in Florida.	
Please return all co	orrespondence conce	rning this matter to	the following:	
KIMBA WILLIAM	S			
		Name of Pe	rson	
BK NATURALS IN	NC .			
	, , , , , , , , , , , , , , , , , , , ,	Firm/Compa	ny	
2611 MERCER AV	ENUE UNIT 4			
···		Address		
WEST PALM BEA	CH, FLORIDA 33401			
	<u>.</u>	City/State and	Zip code	
KIMBA@KUSHAE				
	E-mail addr	ess: (to be used for	future annual report no	tification)
For further inform	ation concerning this	s matter, please cal	l:	
KIMBA WILLIAM	IS	954 at (254-2016	
Name of	Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
		DEPARTMENT Of the filter of th	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

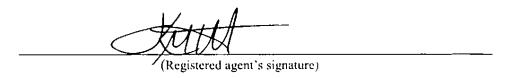
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

L BK NAT	TURAL!	S INC					
		orporation; must include "INCORPORATE orp," "Inc." "Co," or "Corp.")	D," "	COMPANY," "CORPORATION,"			
(If name	unavaila	able in Florida, enter alternate corporate nar	ne ado	pted for the purpose of transacting by	usiness in	Florida	<u>a)</u>
2. DELAW	VARE		3				
2. (State or country under the law of which it is incorporated)		<i>-</i> -	(FEI number, if applicable)				
4. OCTOB	BER 1, 20	021	5.				
(Date of incorporation)				(Date of duration, if other than	perpetual)	
6. OCTOB	BER 1, 20	021					
7. <u>²⁶¹¹ ME</u>	RCER A	VENUE UNIT 4 WEST PALM BEACH F	LORI	, F.S., to determine penalty liability) DA 33401 street address)			
	····	(Current ma	ling a	ddress, if different)	 ₩0	2021 NOV -	_
8. Name a	nd <u>stree</u>	et address of Florida registered agent: (l	P.O. E	Box NOT acceptable)		VON	-
N	ame:	KIMBA WILLIAMS		_	Mc Buki Lin	င်	Ç-MARKETA
Office Add	dress:	2611 MERCER AVENUE UNIT 4		- -	in .	AH S	
		WEST PALM BEACH		, Florida 33401		9: 59	-1mg # 2
		(City)		(Zip code)	7 ' 3	4	

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:	□ Chairman	Name: BARBARA MCLAREN		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	UNIT 4	□Director	UNIT 4		
□President	WEST PALM BEACH, FL	President	WEST PALM BEACH, FL		
□Vice President	33401	□Vice President	33401		
□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			
□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			
□Secretary	☐ Treasurer	□Secretary	☐Treasurer		
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.					
12.	Signature of Director	or Officer			
	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depar				
13	(Typed or printed name and capacity of per		1)		



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

DELAWARE, DO HEREBY CERTIFY "BK NATURALS 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 FOURTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BK NATURALS INC"

WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2021.



Authentication: 204413939

Date: 10-14-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:47 PM 10/01/2021
FILED 09:47 PM 10/01/2021
SR 20213409258 - File Number 6279932

STATE of DELAWARE CERTIFICATE of INCORPORATION A STOCK CORPORATION

• First: The name of thi	s Corporation is BK NATURALS INC
• Second: Its registered 8 The Green	office in the State of Delaware is to be located at Street, in the City of Dover
County of Dover	Zip Code <u>19901</u> .
The registered agent in o	charge thereof is A Registered Agent Inc
• •	he corporation is to engage in any lawful act or activity for be organized under the General Corporation Law of
• Fourth: The amount of 10,000,000 .00001	f the total stock of this corporation is authorized to issue isshares (number of authorized shares) with a par value ofper share.
• Fifth: The name and n Name Maria G. Worle	nailing address of the incorporator are as follows: y, Esq.
Mailing Address 8 The	Green Ste 10943
Dover DE	Zip Code <u>19901</u>
State of Delaware, facts herein stated at	for the purpose of forming a corporation under the laws of the do make, file and record this Certificate, and do certify that the true, and I have accordingly hereunto set my hand this October, A.D. 2021
	BY: Morley (Incorporator)
	NAME: Maria G. Worley, Esq.
•	(type or print)

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:47 PM 10:01/2021
FILED 09:47 PM 10:01/2021
SR 20213409258 - File Number 6279932

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A LIMITED LIABILITY COMPANY TO A CORPORATION PURSUANT TO SECTION 265 OF THE DELAWARE GENERAL CORPORATION LAW

1.)	The jurisdiction where the Limited Liability Company first formed is Florida
2.)	The jurisdiction immediately prior to filing this Certificate is Florida
3.)	The date the Limited Liability Company first formed is April 10, 2017
4.)	The name of the Limited Liability Company immediately prior to filing this Certificate is BK NATURALS, LLC
5.)	The name of the Corporation as set forth in the Certificate of Incorporation is BK NATURALS INC
	WITNESS WHEREOF, the undersigned being duly authorized to sign on behal the converting Limited Liability Company have executed this Certificate on the day of October , A.D. 2021
	By: My VVorley
	Name: Maria G. Worley, Esq Print or Type
	Title: Authorized Person Print or Type