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### **COVER LETTER**

TO:	Registration Sec Division of Corp				
CHDI	ECT:	В	AFU INC.		
SODI	ECI:	Name of corpora	tion - must	include suffix	
Dear S	Sir or Madam:				
``Certi	ficate of Existence	on by Foreign Corporation," or "Certificate of Good! corporation to transact bu	Standing" a	and check are sub	et Business in Florida," mitted to register the
Please	return all correspo	ondence concerning this ma	atter to the	following:	
LOVE	TTE DOBSON				
	-	Name	of Person		
<del></del>		Firm/0	Company	<u> </u>	
17350	STATE HWY 249	<i>‡</i> 220			
		A	ddress		
HOUS	TON, TX 77064				
		City/Sta	te and Zip	code	
EFILE	1234@INCFILE.CO				
		E-mail address: (to be us	sed for futu	re annual report n	otification)
For fu	rther information of	concerning this matter, plea	ise call:		
$\frac{\text{LOVETTE DOBSON}}{\text{Name of Person}}  \text{at} \left(\frac{1}{\text{Area Code}}\right) \frac{888-462-3453}{\text{Daytime Telephone Number}}$					
	Name of Person	Area	Code	Daytime Telepl	hone Number
	Registration Sec Division of Corp The Centre of Ta	oorations allahassee : Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations 7
Please		he following amount: to: FLORIDA DEPARTM  \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE '5 Filing Fee & fied 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.

1.	BARUI	INC.					
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flo							
2. DELAWARE	3	87-1753477					
	y under the law of which it is incorporated)	(FEI number, if applicable)					
4. 07/15/2021		PERPETUAL					
	of incorporation)	(Date of duration, if other than perpetual)					
6							
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501	Florida, if prior to registration) 02, F.S., to determine penalty liability)					
7 1101 BRICKELL	AVE, SOUTH TOWER 8TH FLOOR, MIAN	4I, FL 33131					
/·	755	e street address)					
		. ~e					
	(Current mailing	address, if different)	-17				
		Box NOT acceptable)  A SECRETARIAN SECRETA					
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	m				
Name:	LEGALINC CORPORATE SERVICES INC	<u> </u>					
Office Address:	5237 SUMMERLIN COMMONS, SUITE 40	· · · · · · · · · · · · · · · · · · ·					
	FORT MYERS	, Florida 33907					
	(City)	(Zip code)					
designated in this further agree to c	ed as registered agent and to accept servic application, I hereby accept the appointm		ity. I				
	`	•					

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 HENRY GRIJALBA □ Chairman Name: \_\_\_\_\_\_ □ Chairman 1101 BRICKELL AVE Address: \_\_\_\_\_ ☐ Vice Chairman □Vice Chairman Address: SOUTH TOWER 8TH FLOOR □ Director Director MIAMI, FL 33131 ☐ President President □Vice President □Vice President \_ ☐ Treasurer ☐ Secretary Secretary ■ Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman □ Vice Chairman Address: \_ \_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ Director Director □President □President □Vice President □ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_ Name: Name: □Chairman □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_\_\_ □ Director □ Director ☐ President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer □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.

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.

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "BAFU 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 SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAFU INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JULY, A.D. 2021.

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

Authentication: 202341379

Date: 01-07-22