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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Natoora (US), Inc.				
	e of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Stan	ding" and check are sub-		
Please return all correspondence conce	rning this matter	to the following:		
Edward Grauber-Von Tetzlaff				
	Name of	Person	_	
Michael Steirman CPAS				
	Firm/Con	npany		
10 W. Hanover Avenue, Suite 104				
	Addre	ess		
Randolph, NJ 07869				
	City/State a	nd Zip code		
edward@steirmancpas.com				
E-mail addre	ess: (to be used t	for future annual report n	otification)	
For further information concerning this	matter, please o	all:		
Edward Grauber-Von Tetzlaff	201 at (820-3100		
Name of Person	Area Cod	e Daytime Teleph	none 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 Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA 70.00 Filing Fee \$78.75 Fi Certificat	DEPARTMENT	**************************************	☐ \$87.50 Filing Fee, Certificate of Status of 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.

Natoora (US), I	nc.		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATIO	N,"
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transaction	ng business in Florida)
Delaware	3	30-0947047	
	ry under the law of which it is incorporated)		
07/01/2016	5		
	c of incorporation)	Date of duration, if other	than perpetual)
) .			
		in Florida, if prior to registration)	
	·	1502, F.S., to determine penalty liabil	ity)
	venue, 10th Floor, Miami, FL 33131		
	(Principal of	ffice <u>street</u> address)	
	(Current mail	ing address, if different)	
3. Name and <u>stre</u> Name:	et address of Florida registered agent: (P. Ricardo Mahmoud	O. Box NOT acceptable)	2022 JAN 2 SECRETAF
Office Address:	1111 Brickell Avenue, 10th Floor		MIZ JAN 26 AH IO: 57 SECRETARY OF STATE ALL AHASSEE, FLORIDA
	Miami	. Florida 33131	
	(City)	(Zip code)	AHIO: 57 OF STATE E. FLORIDA
). Registered ag	ent's acceptance:		57

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.

(Registered agent's signature)

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:		
□Vice Chairman	99 Scott Avenue	□Vice Chairman	Address: 99 Scott Avenue		
□Director	Brooklyn, NY 11237	□Director	Brooklyn, NY 11237		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
Other CEO	Other	□Other	□Other		
□ Chairman	Ricardo Andres Mahmoud	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Miami, FL 33131	Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Trcasurer	☐ Secretary	□Treasurer		
Other CFO	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 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					
	alse information submitted in a document to the Depar				

13. Ricardo Andres Mahmoud (Typed or printed name and capacity of person signing application)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NATOORA (US), 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 FIFTEENTH DAY OF JANUARY, A.D. 2022.



Authentication: 202408309

Date: 01-15-22

6084600 8300 SR# 20214192423