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#3 B	(Requistor's Name)	Matro
#700	(Address)	
Beth	(Address)	1) 20814
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Certified Copies _	Certificate	s of Status

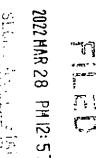


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Special Instructions to Filing Officer: Needed.

Office Use Only



# **COVER LETTER**

TO:	Division of Corporations			
SUBJ	ECT: <u>COMM</u>	IUNITY REDEVELOPM	ENT INC. on - must include suffix	
		Name or corporate	m - must include suffix	
Dear 5	Sir or Madam:			
"Certi	ficate of Existenc	ion by Foreign Corporation fo e." or "Certificate of Good Sta n corporation to transact busin	inding" and check are subm	Business in Florida." itted to register the
Please	return all corresp	ondence concerning this matte	er to the following:	
	GARFIELD ANTO	ONIO		
		Name o	f Person	
	COMMUNITY RE	DEVELOPMENT INC.		
		Firm/Co	mpany	•
	20295 NE 29th PLA	CE #200, AVENTURA, FLA 331	80	
		Add	ress	
	David@Top	l'ier.eu		
		E-mail address: (to be used	for future annual report not	tification)
For fu	rther information	concerning this matter, please	call:	
	D.E. PRICE, ESC of Person	0. at (202) 536-5191 Daytime Telephone Num	ber	
	Registration Se Division of Con The Centre of T	porations 'allahassee e Street, Suite 810	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please a		the following amount: e to: FLORIDA DEPARTMEN  S78.75 Filing Fee & Certificate of Status	T OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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. <u>COMMUNITY REDEVELOPMENT INC.</u> (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION."				
	p.," "Inc.," "Co." or "Corp.")	COMPANT, CORTOR	ATION.	
.15 111				
(II name unavailabl	e in Florida, enter alternate corporate name	e adopted for the purpose of trar	isacting business in Fforida)	
2. OKLAHOMA, U	SA3.	85-2629422		
(State or country t	SA3. under the law of which it is incorporated)	(FEI numbe	er. if applicable)	
4. AUGUST 16th, 20	5.	PERPETUAL.		
(Date of	(incorporation)	(Date of duration, if	Tother than perpetual)	
6. <u>N/A</u>				
		in Florida, if prior to registratio		
	(SEE SECTIONS 607.1501 & 607.	1502, F.S., to determine penany	r maomiy)	
7. <u>20295 NE 29<sup>th</sup> PL</u>	ACE #200, AVENTURA, FLA 33180			
	(Principal of	ffice <u>street</u> address)		
	(Current mail	ing address, if different)		
	,		<b>0221</b> E.C.: TAI	
8. Name and street a	address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2022 HAR 28 PH SECHLANASSE	
		•	28 HA	
Name:	CHARLES ARNOLD	<del></del>	SSS P	
Office Address:	20295 NE 29th PLACE #200, AVENT	TURA, FLA 33180	PHI2: 5	
	<del></del>			
			7	

### 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.

(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.

AS DIRECTORS	·		
□ Chairman	Name: GARFIELD ANTONIO	□ Chairman	Name: <u>CHARLES ARNOLD</u>
☐ Vice Chairman	Address:20295 NF 29 <sup>TH</sup> PLACE #200		
<u>AVENTURA, F</u>	<u>LA 33180</u>	□Vice Chairman	Address: 20295 NE 29th PLACE #200
			AVENTURA, FLA 33080
X Director		X Director	
X President		□President	
□ Vice President_		□Vice President	-
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□ Other	Other	□Other	□Other
□ Chairman	Name:	□Chairman	Name:
☐ Vice Chairman	Address:	□ Vice Chairman	Address:
□ Director		□Director	
□ President		□President	All the second s
□ Vice President_		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	Other	□Other
	×		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme	thment will be image nt of State Annual R	d for reporting purposes only. Non-indexed eport form.
12	in his Armell		
·-·	Signature of Director o	r Officer	
	etor signing this document (and who is listed in numberalse information submitted in a document to the Depart		
12. CHARLES AF	RNOLD, DIR.		<u> </u>

(Typed or printed name and capacity of person signing application)

### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that COMMUNITY REDEVELOPMENT INC. whose registered agent is COMMUNITY REDEVELOPMENT INC., with its registered office at 414 SE WASHINGTON BLVD PMB 366 BARTLESVILLE 74006 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 14th, day of January, *2022*.

> Powin Buyun Secretary Of State