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S. ROBERTS
JUN 2 8 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MANUS NORTH AN	MERICA INC.
Name of corporation	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good States above referenced foreign corporation to transact business.	nding" and check are submitted to register the
Please return all correspondence concerning this matte	er to the following:
Name of	Person
TABS INC.	
Firm/Cor	npany
228 E. 45TH ST. STE. 9E	
NEW YORK, NY 10017	ress
City/State a	and Zip code
COMPLIANCE@TABSINC.CO	OM
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
KIRKE MARSH at (347	, 694-5321
Name of Person Area Coo	de Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32303 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

400	ARE	3	
3 JUNE	y under the law of which it is incorpor 2021	PERPETUAL 5.	oplicable)
	of incorporation)	(Date of duration, if other	than perpetual)
	(D) (C)	F1 1 1 0	
		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liabile	ity)
28 E. 4	5TH ST. STE. 9E N	<u>IEW YORK, NY 1001</u> 7	,
	(Princ	cipal office street address)	
			. P
	· · ·		
	(Сипе	nt mailing address, if different)	HUL JUH
Vame and stree	(Сипе et <u>address</u> of Florida registered age		282L JUH 28
		nt: (P.O. Box <u>NOT</u> acceptable)	PH PH
Name:	et <u>address</u> of Florida registered age	nt: (P.O. Box <u>NOT</u> acceptable) gent LLC	PH PH
	et address of Florida registered age Northwest Registered A	nt: (P.O. Box <u>NOT</u> acceptable) gent LLC	•

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.

(Registered agent's signature)

A. DIRECTORS			
□Chairman	Name: BART LOOSMAN	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
☑Director	228 E. 45TH ST. STE. 9E NEW YORK, NY 10017	☑Director	228 E. 45TH ST. STE. 9E NEW YORK, NY 10017
☑ President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☑ Treasurer
Other	Other	□Other	Other
□Chairman	Name: Jacob Willemsen	□Chairman	Name: Kirke Marsh
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	228 E. 45th St. Ste. 9E New York, NY 10017	□Director	228 E. 45th St. Ste. 9E New York, NY 10017
□President		□ President	
□Vice President		□Vice President	
☑ Secretary	Treasurer	□ Secretary	Treasurer
□ Other	Other	☑Other Asst. Se	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
individuals may be	Use an attachment to report more than six (6). The added to the index when tiling your Florida Dep		
12	Signature of Dire	ctor 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 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.

Kirke Marsh, Assistant Secretary



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

DELAWARE, DO HEREBY CERTIFY "MANUS NORTH AMERICA 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 FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANUS NORTH

AMERICA INC." WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 2021.

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

Authentication: 203340301

Date: 05-04-22