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| (Req | uestor's Name) | | | | |
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| (City. | /State/Zip/Phoni | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bus | iness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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2022 AUG 15 PH 1: 36

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Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE, 8/15/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1061821

ORDER ENTITY

IMMIGRANT LOVE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: IMMIGRANT LOVE, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 15, 2022 Page 1 of 1

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|----------------|--|--|
| SUBJECT: Immigrant Love, Inc. | | | |
| | orporation - 1 | nust include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to trans. | Good Standir | g" and check are submit | |
| Please return all correspondence concerning t | his matter to | the following: | |
| Andrew Leon Hanna | | | |
| | Name of Per | rson | - |
| Immigrant Love, Inc. | | | |
| | Firm/Compa | ny | |
| 2837 Scott Mill Estates Drive | | | |
| | Address | | · # · · · · · · · · · · · · · · · · · · |
| Jacksonville, Florida 32257 | | | |
| C | ity/State and | Zip code | |
| andrewleonhanna@immigrantlove.co | | | |
| E-mail address: (to | be used for | future annual report noti | fication) |
| For further information concerning this matte | r. please call | : | |
| Andrew Leon Hanna | 904 | 568-7822 | |
| Name of Person | Area Code | Daytime Telephor | ne Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA ### \$70.00 Filing Fee | RTMENT O | | □ \$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.

| | able in Florida, enter alternate corporate name ado | opted for the purpose of transacting business in Florida) | |
|---------------------|---|---|--|
| 2. Delaware | 3. 88 | -3655121 | |
| | y under the law of which it is incorporated) 88 | (FEI number, if applicable) | |
| 4 5 2022 | | (Date of duration, if other than perpetual) | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| 5. August 5, 2022 | | <u></u> | |
| | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 | | |
| 7 2837 Scott Mill E | istates Drive, Jacksonville, FL 32257 | 200 | |
| · · | (Principal office | address, if different) | |
| | (Current mailing a | ddress, if different) | |
| 8. Name and stree | et address of Florida registered agent: (P.O. F | <u> </u> | |
| Name: | Andrew Leon Hanna | | |
| Office Address: | 2837 Scott Mill Estates Drive | | |
| | Jacksonville | , Florida <u>32257</u> (Zip code) | |
| | (City) | (Zip code) | |
| | | of process for the above stated corporation at the place it as registered agent and agree to act in this capacity. | |

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.

DocuSign Envelope ID: 1BCE999A-B987-45F7-A0F1-96FDA038F8C9

A. DIRECTORS

| , | | | | |
|---------------------|---|-------------------------|---------------------|--|
| □Chairman | Name: Andrew Leon Hanna | □Chairman | Name: | |
| □Vice Chairman | Address: 2837 Scott Mill Estates Drive | □Vice Chairman | Address: | |
| Director | Jacksonville, FL 32257 | □Director | | |
| President | | □President | | |
| □Vice President | | □Vice President | | _ |
| ■ Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| CEO, CF | O □Other | □Other | | □Other |
| □Chairman | Name: | □Chairman | Name: | 12: |
| □Vice Chairman | Address: | □Vice Chairman | Address: | 10000000000000000000000000000000000000 |
| □Director | | □Director | | 5 5 |
| □President | | □President | | ້າ ເ |
| □Vice President | | □Vice President | | |
| ☐Secretary | □Treasurer | □ Secretary | | □Treasurer S |
| □Other | 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 |
| individuals may be | Use an attachment to report more than six (6). The attended to the index when filing your Florida Departm | ent of State Annual Re | eport form. | |
| | Signature of Director | or Officer | | |
| The officer or dire | ctor signing this document (and who is listed in numb | er 11 above) affirms th | nat the facts state | ed 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.

Andrew Leon Hanna, CEO and President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMMIGRANT LOVE, 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 AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMIGRANT LOVE, INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2022.

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





Authentication: 204162823

Date: 08-15-22

6953022 8300 SR# 20223263753