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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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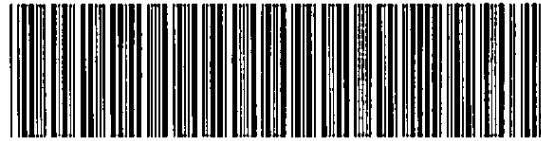
(Business Entity Name)

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S. ROBERTS

AUG 25 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFRICAN NATURAL PRODUCTS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRISTINE E FRIES

Name of Person

CPA ASSOCIATES LLP

Firm/Company

4207 SW HIGH MEADOWS AVE

Address

PALM CITY FL 34990

City/State and Zip code

CFRIES@CPA-ASSOCIATESLLP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE E FRIES

at ( 772 ) 288-3797

Name of Person

Area Code

Daytime Telephone 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 DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$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. AFRICAN NATURAL PRODUCTS INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 61-2022572  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/20/2022 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 84a TREGONING ST. LINKSFIELD JOHANNESBURG 2192 SOUTH AFRICA  
(Principal office street address)

(Current mailing address, if different)

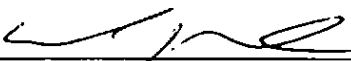
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WILLIAM J MCENTEE III  
Office Address: 1655 PALM BEACH LAKES BLVD STE 903  
WEST PALM BEACH, Florida 33401  
(City) (Zip code)

2022 AUG 25 PM 2:12  
PALM BEACH COUNTY  
CLERK OF COUNTY

**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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: DARREN SHUR  
☐ Vice Chairman Address: 84a TREGONING ST  
☒ Director LINKSFIELD JOHANNESBURG  
☐ President 2192 SOUTH AFRICA  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_


☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: WILLEM OOSTHUIZEN  
☐ Vice Chairman Address: PLAAS OUDEDORP 220  
☒ Director BOSKOP POTCHEFSTROOM  
☐ President 2531 SOUTH AFRICA  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other OFFICER ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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 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.

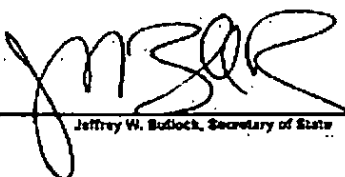
13. DARREN SHUR, DIRECTOR  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "AFRICAN NATURAL PRODUCTS 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 NINTH DAY OF AUGUST, A.D. 2022.*



Jeffrey W. Bullock, Secretary of State

6556059 8300

SR# 20223206732

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204120648

Date: 08-09-22



REPÚBLICA DE COSTA RICA  
MINISTERIO DE RELACIONES EXTERIORES Y CULTO

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. País: Costa Rica  
(Country - Pays:)

Código: RTMT6HH9NNL  
(Code - Code:)

El presente documento público  
(This public document - Le présent acte public)

2. Ha sido firmado por: Reuben Hatounian Amy  
(Has been signed by - A été signé par:)

3. Actuando en calidad de: Traductor (a) Oficial Español, Inglés  
(Acting in the capacity of - Agissant en qualité de:)

4. Lleva el sello/estampilla de: Ministerio de Relaciones Exteriores y Culto.  
(Bears the seal/stamp of - Est revêtu du sceau/timbre de:)

Certificado  
(Certified - Attesté)

5. En: San José, Costa Rica  
(At - A:)

6. El: 19/08/2022  
(On - Le:)

7. Por: Katherin Adriana Araya Monge, Oficial de Autenticaciones  
(By - Par: Ministry of Foreign Affairs - Ministère des Affaires Étrangères)



9. Sello:  
(Seal - Sceau)

8. No.: 883457  
(Under number - Sous le numéro:)

*Katherin Araya Monge*

10. Firma:  
(Signature - Signature:)



Esta apostilla / legalización sólo  
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firma, la capacidad del  
signatario y el sello o timbre  
que ostenta. Ésta no certifica el  
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vérifiée sur: <http://www.rree.go.cr>

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\*\*\*\*\*LAST LINE\*\*\*\*\*

In witness whereof I extend this official translation from **Spanish** into **English**, consisting of five pages, and I sign in San José, Costa Rica, on August sixteenth of two thousand and twenty-two. The stamps required by law are affixed and cancelled.

Traductora Oficial  
Amy Reuben Hatounian  
8-0054-3449  
Acuerdo No. 17-98-D.  
Inglés-Español Español-Inglés.  
República d Costa Rica  
Inglés-Español Español-Inglés.  
República d Costa Rica

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