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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : THE LICENSE COMPANY LLC

Account Number : 120210000181 Phone : (844)484-2466 Fax Number : (888)204-8716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@thelicensecompany.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Amsaro Inc.

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Certificate of Status	
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Corporate Filing Menu

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S. ROBERTS

SEP 2 7 2022

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COVER LETTER

	ration Section on of Corpora					
	AMSARO INC					
SUBJECT:	· · · · · · · · · · · · · · · · · · ·		orporatio	n - m	ust include suffix	
Dear Sir or Ma	dam:					
"Certificate of	Existence," o	y Foreign Corpo r "Certificate of poration to trans	Good Sta	indin	g" and check are subn	Business in Florida," nitted to register the
Please return a The License Co		ence concerning	this matt	er to i	he following:	
	<u> </u>	<u>.</u>	Name o	f Pers	on	
The License Co	mpany LLC					
 -			Firm/Co	mpan	y	
55 E Granada B	Blvd Unit 1415					
			Add	ress		
Ormond Beach.	. FL 32175					
		(ity/State	and 2	Lip code	
info@thelicens	ecompany,com					
	- <u>-</u> -E	-mail address: (to be used	l for i	uture annual report no	otification)
For further inf	ormation con	cerning this mat	ter, pleaso	call:		
The License Co	ompany LLC		844	,	484-2466	
Name	of Person	at	Area Co	ode	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for the	following amou	nt:			
■ \$70.00 Fil	ing Fec □	\$78.75 Filing I Certificate of			78.75 Filing Fee & ertified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

To: Division of Comorations

(((11220003330543)))

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.

l. AMSAROINC	,					
	orporation; must include "INCORPORATED." "Corp.," "Inc," "Co.," or "Corp.")	"OMPANY," "CORPORATION,	••			
(If name unavaila	able in Florida, enter alternate corporate name ado		business in Flo	orida)		
NEW YORK		(FEI number, if applicable)				
(State or country under the law of which it is incorporated) (FEI number.		(FEI number, if app	heable)			
4. 11/18/2015	5					
(Date	(Date of incorporation) (Date of duration, if other the		an perpetual)			
5.	,					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)		.1			
ono i comit vi		P.S., to determine penarcy nations	' /			
7. 8704 381H AV	'E 3F, ELMHURST, NEW YORK 11373					
	(Principal office s	greer address)	معرد معرد	2022 SEP 27		
	(Current mailing a	ddress, if different)		平		
			:	27		
Name and stree	et address of Florida registered agent: (P.O. B	lox NOT acceptable)		7		
Name:	Northwest Registered Agent LLC		; .	ن ب		
Office Address:	7901 4th St N STE 300			25		
	St. Petersburg	, Florida 33702				
	(City)	(Zip code)				

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.



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.

To: Division of Corporations

From: The License Company

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: ____ Vice Chairman: Address: Address: ______ Address: ____ B. OFFICERS Mohammed Hashim President: 8704 58TH AVE 3F Address: ELMHURST, NEW YORK 11373 Vice President: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Mohammed Hashim, President

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

DEPARTMENT OF STATE

.......

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

AMSARO INC.

DOS ID Number:

4852095

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

11/18/2015

Statement Status:

CURRENT

Statement Due Date:

11/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 20, 2022 at 03:13 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugh

By Brendan C. Hughes

Executive Deputy Secretary of State

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