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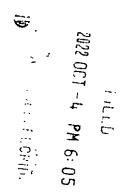
(Requestor's Name)					
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T. LEMIEUX OCT 13 2022

COVER LETTER

TO:	~	ation Section n of Corporations						
SHRI	IECT:	ANR PROCUREMENT COL	₹P					
50130	Name of corporation - must include suffix							
Dear S	Sir or Mac	lam:						
"Certi	ficate of I	Application by Foreign Co Existence," or "Certificate d foreign corporation to tr	of Good Star	nding	and check are submit			
Please	return all	correspondence concerni	ng this matte	r to th	e following:			
		DC	MENICO LA	MOF	RGIA			
		·	Name of	Perso	on	. = 11=11		
		SELE	CTA CONSU	LTIN	G FIRM LLC			
			Firm/Cor	npany		· · · · · ·		
		1426	1 SW 120th S	t, Ste 1	08-2000			
			Addı	ess				
			Miami, Fk	orida. I	33186			
	,		City/State a	and Zi	p code			
		a	dmin@selecta	iconsu	lting.com			
		E-mail address	(to be used	for fu	ture annual report noti	fication)		
For fu	rther info	rmation concerning this ma	atter, please	call:				
DOMENICO LA MORGIA at (786 at (786 838-7940				
	Name	of Person	Area Coc	le	Daytime Telephon	e Number		
	Registra Division The Cer 2415 N.	T/COURIER ADDRESS ation Section in of Corporations htre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303			MAILING ADD Registration Sect Division of Corpo P.O. Box 6327 Tallahassec, FL.	ion orations		
Please		eck for the following amo k payable to: FLORIDA DE g Fee	PARTMENT g Fee & [ן \$78		☐ \$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.

(Enter name of c	corporation: must include "INCORPORATED," Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATIO	",и				
ANRFL PRO	OCUREMENT CORP		_				
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacti	ing business in Florida)				
Delaware	3	88-4110383					
(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
08/23/2022	5.						
(Date	e of incorporation)	(Date of duration, if other than perpetual)					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8 The Green, Suite B. City of Dover, Delaware, 19901 (Principal office street address)							
14261 SW 12	0th St, Ste 108-2000, Miami, Forida, 33186	address, if different)					
Name and <u>stree</u> Name: ffice Address:	et address of Florida registered agent: (P.O. SELECTA CONSULTING FIRM LLC 14261 SW 120th St. Ste 108-2000		2022 OCT - 4				
	Miami	33186					
	(City)	, Florida Zip code)					
laving been nam	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme		ed corporation at the pl				

SELECTA CONSULTING FIRM LLC (Registered agent's signature)

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

A DIRECTORS				
☐ Chairman	Name: ANAYLID SANCHEZ	□Chairman	Name:	
□Vice Chairman	7275 SW 90TH WAY	□Vice Chairman		
Director	MIAMI, FLORIDA, 33156	Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
Other	Other	□Other	<u></u>	□Other
□Chairman □Vice Chairman ■Director □President □Vice President □Secretary □Other	DOMENICO LA MORGIA Name: 7275 SW 90TH WAY MIAMI, FLORIDA. 33156 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	☐Treasurer
□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
12The officer or direct	Use an attachment to report more than six (6). As added to the index when filing your Florida De Signature of Director signing this document (and who is listed in a document to the less information submitted in a document	partment of State Annual Resector or Officer number 11 above) affirms th Department of State constitu	at the facts stat	ed herein are true and that he o
13.	DOMENICO LA MORGIA	TREASUR	RER	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANR PROCUREMENT CORP" 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANR PROCUREMENT CORP" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

SR# 20223381502

Authentication: 204273236

Date: 08-29-22