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COVER LETTER

10.	Division of	Corporations						
SUBJ	ECT:	Berku Inc.						
O DI		Name (of (orporation -	must	include suffix		
Dear S	ir or Madam:							
"Certif	ficate of Exist	ication by Foreign Co ence," or "Certificate reign corporation to t	of	Good Stand	ing" aı	nd check are submi-		
Please	return all cor	respondence concerni	ng	this matter (o the f	ollowing:		
				Roi Kuris	i			
			-	Name of P	erson			
				Berku Inc.				
				Firm/Comp	any			
				704 SW 7th	St			
				Addres	SS			20?? r.
			1	ort Lauderda	ile. FL :	33315		
			(City/State an	d Zip c	ode		1_
			rc	i.kuris@gma	il.com			C1
		E-mail address	: (t	o be used fo	r futur	e annual report not	ification)	
For fu	rther informat	tion concerning this m	att	er, please ca	II:			1:0
	Roi Kuris		at	818	}	288-2181		
	Name of Po	erson		Area Code		Daytime Telephor	ne Number	
	Registration Division of The Centre	Corporations of Tallahassee onroe Street, Suite 810				MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	
Please		for the following amo yable to: FLORIDA D e	g F	ee &	\$78.75		S87.50 Fil Certificate Certified (e of Status &

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. Berku,	, inc.			
	orporation; must include "INCORPORATED." "Gorp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION."		
10 11				
	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	mess in Florida)	
2. Neva	ada 3.	27-2483418		
. Nevada 3 (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4/13/2	2010			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
ń.		•		
7704 SW 7th	(Date first transacted business in Florica (SEE SECTIONS 607.1501 & 607.1502, St., Fort Lauderdale FL 33315 (Principal office §	F.S., to determine penalty liability)		
	(Current mailing a	Idress, if different)		
8. Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	63	
Name:	Roi Kuris	_	~	
Office Address:	704 SW 7th St	-	្ស ភា	
	Fort Lauderdale	Florida 33315	7:	
	(City)	(Zip code)	P2 4: 01	

9. Registered agent's acceptance:

Itaving 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.

A. DIRECTORS Roi Kuris _____ □ Chairman Name: □Chairman Name: 704 SW 7th St □ Vice Chairman Address: □ Vice Chairman Address: Fort Lauderdale, FL 33315 Director □ Director President □ President □Vice President □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other ____ □Other_____ □Other_____ □Other Roi Kuris Name: □ Chairman □ Chairman Name: _____ 704 SW 7th St □Vice Chairman Address: _ □ Vice Chairman Address: Fort Lauderdale, FL 33315 □ Director Director □ President □ President □Vice President □ Vice President □ Secretary □Treasurer □Treasurer ☐ Secretary CFO ■Other □ Other □ Other Roi Kuris □ Chairman Name: □ Chairman Name: 704 SW 7th Si □ Vice Chairman Address: _ □ Vice Chairman Address: Fort Lauderdale, FL 33315 □ Director ☐ Director □President □ President □ Vice President ☐ Vice President ■ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other _____ Other____ □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. 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 docur cant to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Roi Kuris

13.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BERKU INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/13/2010, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

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Certificate Number: B202209203014872

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/20/2022.

Barbara K. Cegavske Barbara K. Cegavske Secretary of State