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(Requestor	's Name)
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(Address)	
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(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Eiling O	
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S. ROBERTS NOV 1 4 2022

COVER LETTER

TO:		tration Se				
SUBJ	ECT:	Arasaka (Corporation			
				poration - n	nust include suffix	·
Dear S	Sir or M	adam:				
"Certi	ficate o	f Existenc	ion by Foreign Corpora e," or "Certificate of Go n corporation to transac	ood Standin	g" and check are sub	ct Business in Florida," mitted to register the
Please	return	all corresp	ondence concerning th	is matter to	the following:	
Thoma	ıs Wood	man				
			N	lame of Per	son	
Arasak	ка Согре	ration				
			F	nn/Compai	ıy	
805 N	Olive A	ve Apt 515				
				Address		
West F	Palm Bea	ach, Florida	33401			
		.	Cit	//State and	Zip code	
arasak	acorpora	ition@icloi	ad.com			
-			E-mail address: (to l	oc used for	future annual report i	notification)
For fu	rther in	formation	concerning this matter,	please call:		
Thoma	s Wood	тал	at (02	4811880 Daytime Telep	
	Nam	e of Perso	n A	rea Code	Daytime Telep	hone 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			
			the following amount:	TMENT OI	F STATE	
		ing Fee	☐ \$78.75 Filing Fee Certificate of Star	& 🗆 \$	78.75 Filing Fee & Certified Copy	S87.50 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.

•	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	•	
Arasaka Corp F	L			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
, Delaware	3	92-0453321		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
4 . 09/14/2022	5			
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
16192 Coastal Hi	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability bussex)	
7	ghway, Lewes, Delaware 19958, County of S (Principal of	fice street address)		
805 N Olive Ave	Apt 515, West Palm Beach, Florida 33401		E	
	(Current maili	ing address, if different)	M2 NOT 14	
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Thomas R Woodman		All II: 3	
Office Address:	805 N Olive Ave Apt 515		: 37	
	West Palm Beach	. Florida		
	(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.

(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	•					
Chairman	Name:	□ Chairman	Name:	odman		
□Vice Chairman	Address:	□Vice Chairman	Address: 805 N	Olive Ave Apt 515		
Director	West Palm Beach	Director	West Palm Beau	ch		
□President	Florida 33401	□President	Florida 33401			
□Vice President		□Vice President				
Secretary	☐ Treasurer	Secretary		☐ Treasurer		
Other	□Other	□Other		Other		
□Chairman	Maran	□Chairman	Name			
	Name:					
	Address:	□Vice Chairman	Address:			
☐Director		Director	 	. ·		
President		President	-			
□Vice President	· · · · · · · · · · · · · · · · · · ·	□Vice President				
☐ Secretary	□Treasurer	Secretary		☐ Treasurer		
Other		Other		Other		
□ Chairman	Name:	□ Chairman				
□Vice Chairman	Address:	□Vice Chairman	Address:			
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.						
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 of 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. Thomas R Woodwan Director (Typed or printed name and capacity of person signing application)						





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

DELAWARE, DO HEREBY CERTIFY "ARASAKA CORPORATION" 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 THIRTY-FIRST DAY OF OCTOBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARASAKA CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF SEPTEMBER,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 204742716

Date: 10-31-22