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Thank you!

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 co	orporation; must include "INCORPORATED,"	"COMPAN"	Y." "CORPORATION	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for th	e purpose of transacting	business in Florida)
New York		N/A		
	under the law of which it is incorporated)	-	(FEI number, if app	olicable)
June 18, 2013 5		perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
upon filing				
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	i Florida, if pr	ior to registration) stermine penalty liabilit	v)
29 Palorave Cresc	eent, Brampton, ON L6W 1E1, Canada	02(1	comme permity manner	<i>.</i> .
'	(Principal offi	ce <u>street</u> addr	ress)	
	·			
	(Current mailir	ig address, if c	lifferent)	
				£1. 7077
. Name and <u>stree</u>	t address of Florida registered agent: (P.C), Box <u>NOT</u>	_acceptable)	API
Name:	C T Corporation System			YEART PAN
Office Address:	1200 South Pine Island Road			က
Muce Address:	Plantation	 F1.	33324	PH 3: 3
		_		7

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.

By: Ohn Flynn , Assistant Secretary

(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 Monica Flores Name: _____ □lChairman □ Chairman Address: 29 Palgrave Crescent Address: □ Vice Chairman □ Vice Chairman Brampton, ON L6W 1E1 □ Director Director Canada □President President ☐ Vice President □ Vice President □Treasurer ■Treasurer □ Secretary Secretary □Other _____ □Other _____ □Other _____ □Other _____ □Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □Director □Director President □President □ Vice President □ Vice President ☐Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other Name: _____ □ Chairman Name: ☐ Chairman Address: _____ □ Vice Chairman □Vice Chairman Address: ______ Director □Director President □ President □ Vice President □Vice President _____ □Treasurer □ Secretary ☐Treasurer □ Secretary □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. /s/ Monica Flores 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. Monica Flores, President

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

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STATE OF NEW YORK

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: TAKURI MINING INC.

DOS ID Number: 4419525

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 06/18/2013

Statement Status: PAST DUE DATE

Statement Due Date: 06/30/2015

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 April 17, 2023 at 04:26 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Higher

By Brendan C. Hughes Executive Deputy Secretary of State

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