## F2300005011

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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations				
SHRI	ECT:	Kaiserberge, Inc.			
(,(,1,,,	1.01.		of corporation	- must include suffix	
Dear S	ir or M	adam;			
"Certit	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ding" and check are subm	
Please	return	all correspondence concerni	ng this matter	to the following:	
Ted W	alters				
			Name of I	Person Person	
Porter.	Wright	. Morris & Arthur LLP			
		91	Firm/Com	pany	
9132 S	Strada Pl	ace, Third Floor			
			Addre	SS	
Naples	i, F1, 34	108			
		· · · · · · · · · · · · · · · · · · ·	City/State ar	nd Zip code	
twalter	s@port	erwright.com			
		E-mail address	: (to be used fo	or future annual report no	tification)
For fu	rther in	formation concerning this m	atter, please c	all:	
Ted W	alters		239	593-2965	
	Nam	e of Person	Area Code	) 593-2965 Daytime Telepho	one Number
	Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Lentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please	make ch	check for the following amorek payable to: FLORIDA DI ing Fee	EPARTMENT g Fee & □	OF STATE \$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.

(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacti	ng business in Florida)	<del>-</del>	
Delaware	3. S8-3666072				
(State or countr	State or country under the law of which it is incorporated)  3.   (FEI number, if applicable)		_		
June 21, 2022	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
				_	
	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150		lire	_	
1111 Lincoln Roa	ad, Suite 500, Miami Beach, FL 33139	are the watermine penalty mor	ney i		
	(Principal office	street address)	· · · · · · · · · · · · · · · · · · ·	_	
	·				
		address, if different)		-	
N	(Current mailing	address, if different)		~	
Name and street	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	202	~	
Name and stree	(Current mailing	address, if different)	2023 MA	~	
	(Current mailing et address of Florida registered agent: (P.O.	address, if different)	2023 MAY 1	F1!	
Name:	(Current mailing et address of Florida registered agent: (P.O. Acme Agent Florida LLC	address, if different)  Box <u>NOT</u> acceptable)		FILED	

(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: Stefano Orowitsch
□Vice Chairman	Address:	□Vice Chairman	Address: 1111 Lincoln Road, Suite 500
■Director	Miami Beach, FL 33139	Director	Miami Beach, FL 33139
■President		□President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	■ Secretary	■ Treasurer
□Other	Other	□Other	□Other
□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
□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
Important Notice: individuals may be 12.	Use an attachment to report more than six (6). The considered to the index when filing your Florida Department (6). Signature of Directors	tment of State Annual Re	eport form.
The officer or dire	ctor signing this document (and who is listed in nun		

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.

Chris Wycoff, President

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KAISERBERGE, INC." 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 NINTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAISERBERGE,

INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203311304

Date: 05-09-23