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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--------------------------|--|--|
| SUBJECT: COMARTEL INC. | | | |
| | Name of corporation | - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora | rtificate of Good Stand | ding" and check are submi | |
| Please return all correspondence | concerning this matter | to the following: | |
| Francisco J. Bernues | | | |
| | Name of l | Person | |
| Comartel Inc | | | |
| | Firm/Com | pany | |
| 2271 W. 205th Street, Suite 101 | | | |
| | Addre | ess | |
| Torrance, California, 90501 | | | |
| | City/State a | nd Zip code | • |
| bernues@comartel.com | | | |
| E-mai | address: (to be used f | or future annual report not | ification) |
| For further information concerning | ng this matter, please c | all: | |
| Francisco J. Bernues | at (| 308-7916 | |
| Name of Person | Area Code | : Daytime Telepho | ne Number |
| STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303 | e | MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL | ction porations |
| - | RIDA DEPARTMENT | OF STATE] \$78.75 Filing Fee & Certified Copy | \$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.

| (If name unavail | able in Florida, enter alternate corporate name ad | | |
|--|---|---|---|
| CALIFORNIA | 3 | CA #3251865, Federal EIN #27-3510960 | |
| (State or count | y under the law of which it is incorporated) | (FEI number, if applicable) | |
| September 01, 2 | 2010 5. | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| None | | | |
| | (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150) | | ty) |
| 2271 West 205th | Street, Suite 101, Torrance, California, 90501 | | |
| - | (Principal office | street address) | |
| | | | |
| | (Current mailing | address, if different) | |
| | | | |
| | | | |
| Name and street | et address of Florida registered agent: (P.O. | Box NOT acceptable) | |
| Name and stree | et address of Florida registered agent: (P.O. Jessica Salazar | Box <u>NOT</u> acceptable) | 40. 5. |
| Name: | - | Box <u>NOT</u> acceptable) | 2023 SEC TA |
| Name: | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 | | 2023 AUG SECRET |
| Name: | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 Miami | , Florida | 2023 AUG 22 SECRETAR TALLAHA |
| Name: | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 | | 2023 AUG 22 P SECRETARY O TALLAHASS |
| Name: | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 Miami (City) | , Florida 33122(Zip code) | S C P |
| Name: Tice Address: Registered agoring been nan | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 Miami (City) ent's acceptance: med as registered agent and to accept services | , Florida 33122 (Zip code) to of process for the above stated | SO 3 |
| Name: Tice Address: Registered agaving been nansignated in this | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 Miami (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme | , Florida 33122 (Zip code) of process for the above stated and agree | SOP P I corparation st the p see to act to this sapas |
| Name: Mice Address: Registered agaving been nansignated in this rther agree to designate the designation of the desi | Jessica Salazar 3100 Northwest 72nd Avenue, Unit 112 Miami (City) ent's acceptance: med as registered agent and to accept services | , Florida 33122, Florida (Zip code) to of process for the above stated and agree to the proper and complete to the prop | SOP P I corparation st the p see to act to this sapas |

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: Francisco J. Bernues | ☐ Chairman | Name: | |
| □Vice Chairman | Address: 2271 West 205th St, Torrance CA | □Vice Chairman | Address: | |
| Director | | Director | | |
| President | | □President | | |
| □Vice President | | □Viœ President | | |
| ☐ Secretary | ☐ Treasur er | 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 |
| individuals may be | Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Signature of Director of Signature of Signa | ent of State Annual Ro | eport form. | |
| The officer or direction she is aware that fa | ctor signing this document (and who is listed in number alse information submitted in a document to the Depar | trice above) aritms to tment of State constitu | nature racts stated utes a third degree | e felony as provided for in |

s.817.155, F.S.



California Secretary of State

Business Programs Division 1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies Entity Name: COMARTEL INC. Formed In: CALIFORNIA

Entity No.: 3251865

Entity Type: Stock Corporation - CA - General

Issuance Date: 07/24/2023 Copies Requested: 1 Receipt No.: 004759467 Certificate No.: 132228527

Document Listing

| Reference # | Date Filed | Filing Description | Number of Pages |
|-------------|------------------|------------------------------------|-----------------|
| 4404338-1 | 09/01/2010 | Initial Filing | 1 |
| B1016-6862 | 08/15/2022 | Statement of Information | 2 |
| | ** **** ***** ** | ******* End of list ******* ****** | *** ** |

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



in Witness whereof, I execute this certificate and affix the Great Seal of the State of California on July 24, 2023.

SHIRLEY N. WEBER, PH.D. Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.

