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COVER LETTER

TO:	_	tration Sec on of Corp						
SUBJ	ECT:	SAMBAZ	ON, INC.					
O Bo			Name	of corporat	ion - mus	t include suffix		
Dear S	ir or M	adam:						
"Certif	icate of	Existence		of Good S	tanding"	and check are sub		siness in Florida." I to register the
Please	return a	all correspo	ondence concern	ing this ma	tter to the	following:		
Ricardo	o Perdig	ao						
				Name	of Persor	1		
SAMB.	AZON.	INC.						
		<u> </u>		Firm/C	ompany			
209 Av	enida Fa	abricante, S	uite 200					
				Ac	ldress			<u>. </u>
San Clo	emente,	CA 92672						
				City/Stat	e and Zip	code		
corpora	itiontear	n@wolters	duwer.com					
			E-mail address	s: (to be use	ed for futi	ire annual report	notifie	ation)
For fur	ther inf	ormation o	concerning this n	atter, pleas	se call:			
Corporation Team 949					ode Daytime Telephone Number			
	Name	of Person		Area C	ode	Daytime Telep	hone l	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				
	nake che	ck payable	he following amo to: FLORIDA D \$78.75 Filin Certificate o	EPARTME ig Fee &	□ \$78.	FATE 75 Filing Fee & ified 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.

1. SAMBAZON, I	NC.				
	orporation: must include "INCORPORATED." " orp," "Inc," "Co," or "Corp,")	COMPAN	Y," "CORPORATIO		
	able in Florida, enter alternate corporate name add	-		-	
2. DE	y under the law of which it is incorporated)	1-1553989			
02/22/2004					
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6	**				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if pi i, F.S., to d	rior to registration) etermine penalty liab	ility)	
7. ²⁰⁹ Avenida Fabi	ricante, Suite 200, San Clemente, CA 92672				
	(Principal office	street add	ress)		
			1.00		
	(Current mailing a	iddress, if (different)		
8. Name and street	t address of Florida registered agent: (P.O. I	Box NOT	acceptable)		
Name:	C T Corporation System		,		
Office Address:	1200 South Pine Island Road				
	Plantation	FL	33324	2023	
	(City)		(Zip code)	2023 SEP -	
9. Registered age	ent's acceptance:				
designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes relawith and accept the obligations of my positions.	it as regis tive to the	tered agent and ag proper and compl	ree to act-in-this oupacity J	
_1	Denise Bell, Assista By: Denise Bell	nt Secretar	y, C T Corporation Sy	/stem	
	(Registered agent's sign	ature)			

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	Ryan Black Name:	□Chairman	Name: Ricardo Perdigao Name: 209 Avenida Fabricante, STE200 Address:	
□Vice Chairman	Address: 209 Avenida Fabricante, STE200	□Vice Chairman		
■Director	San Clemente, CA 92672	■Director	San Clemente, CA 92672	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	Other		
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:Address:	
□President		□President		
□Vice President		□Vice President		
■ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	Other	Other	
The officer or direct she is aware that fars. 817.155, F.S.	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart Signature of Director signing this document (and who is listed in numulse information submitted in a document to the Depart	ment of State Annual Re or or Officer aber 11 above) affirms th	eport form. at the facts stated herein are true and that he or	



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

DELAWARE, DO HEREBY CERTIFY "SAMBAZON, 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 TWELFTH DAY OF JUNE, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203532820

Date: 06-12-23