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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Nehadd@automax4u.com



FOREIGN PROFIT/NONPROFIT CORPORATION VBI GROUP, INC.

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Help

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.

VBI Group, Inc.

(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

(State or country under the law of which it is incorporated)

(State or country under the law of which it is incorporated)

(Date of incorporation)

(Date of incorporation)

(Date of duration, if other than perpetual)

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1161 W Corporate Dr. Suite 101. Arlington TX 76006

(Principal office street address)

(Current mailing address, if different)

8. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	Ff. 33324
	(City)	(Zip code)

SECRETARY OF SIGNATIONS
JIVISION OF CORPORATIONS
JIVISION OF CORPORATIONS
JIVISION OF CORPORATIONS

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 Michele Holden, Asst Sect.

(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]:

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From; Ka

Λ.	DIR	F.C.	EO.	RS

⊡ Chairman	Name: Hussein Mahrouq	□Chairman	Name: Joe Beli		
□Vice Chairman	Address: 1161 W Corporate Dr Suite 101	DVice Chairman	1161 W C 18 C to 100		
⊞ Director	Arlington, TX 76006	□Director	Address: Corporate Or State (0) Arlington, TX 76006		
CiPresident		@President			
CIVice President		□Vice President			
Cl Secretary	☐ Treasurer	☐ Secretary	### Treasurer		
©CEO	Other	□Other			
□Chairmao	Name: Hazem Juma	Cl Chairman	Name: Kevin Nelson		
□Vice Chairman	Address: 1161 W Corporate Dr Suite 101	□Vice Chairman	Address: 1161 W Corporate Dr Suite 101		
□Director	Arlington, TX 76006	□Director	Arlington, TX 76006		
□President		□President			
□Vice President		□Vice President			
©Secretary	©Treasurer	□Secretary	© Treasurer		
Other	•	□Other			
•			and (74) (4)		
□ Chairman	Walid Jolani Name:	Chairman	Name:		
□Vice Chairman	Address: 1161 W Corporate Dr Suite 101		Address:		
Director	Arlington, TX 76006	□Director			
©President :		Cl President			
□Vice President		© Vice President			
Secretary	☐ Treasurer	☐Secretary :	☐T(easurer		
□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.	20/12				
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 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 \$.817.155, F.S.					
13.	Kevin Nelson, CFO				

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



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VBI GROUP, 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 TWENTY-SECOND DAY OF APRIL, A.D. 2024.

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: 203307717

Date: 04-22-24