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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Innermark, Inc.			
	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Sta	nding" and check are sub	
Please return all correspondence	concerning this matte	er to the following:	
Tom Robertson			
	Name o	f Person	
Innermark, Inc			
	Firm/Co	mpany	
2880 Shanley Rd			
	Add	ress	 -
Aubum, CA 95603			
	City/State	and Zip code	
tom@innermark.com			
E-mail	address: (to be used	for future annual report	notification)
For further information concerning	g this matter, please	call:	
$ \frac{\text{Tom Robertson}}{\text{Name of Person}} = \frac{\text{at} \left(\frac{916}{\text{Area Code}}\right)}{\text{Area Code}} \frac{390-5326}{\text{Daytime Te}} $		390-5326	
Name of Person	Area Coo	de Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
	RIDA DEPARTMEN	F 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.

2. California (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2880 Shanley Rd. (Principal office street address) (Current mailing address, if different) Name: Al Buchala Office Address: Orlando (City) Florida (City) (FEI number, if applicable)		i	opted for the purpose of transacting business in Flor	rida)	_
(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) 7. 2880 Shanley Rd. (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Al Buchala Office Address: Orlando Page 12009 Deer Path Way Orlando Florida 32832					_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 2880 Shanley Rd. (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Al Buchala Office Address: Orlando Florida 7. 2880 Shanley Rd. (Principal office street address) (Current mailing address, if different) 7. 29 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(State or count		(FEI number, if applicable)		
(Principal office street address) (Principal office street address) (Current mailing address, if different) Name: Al Buchala Office Address: Orlando Orlando (Page 5ECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Al Buchala 12009 Deer Path Way Orlando Florida 728832	(Dat	e of incorporation)	(Date of duration, if other than perpetual)		-
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Al Buchala Office Address: Orlando Orlando Procedure (P.O. Box NOT acceptable) Al Buchala Orlando Orlando Procedure (P.O. Box NOT acceptable) Al Buchala Orlando Orlando Procedure (P.O. Box NOT acceptable) Al Buchala Orlando Orlando Orlando Florida 32832	6				
7. Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Al Buchala Office Address: Orlando , Florida 32832		(Date first transacted business in F	lorida, if prior to registration)		_
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Orlando Principal office street address) (Current mailing address, if different) PROPOSITATION Orlando PROPOSITATION Total address address address agent: (P.O. Box NOT acceptable) PROPOSITATION Orlando Florida 32832	_ 2880 Shanley Re		2. 1.3 to determine penalty hability)		
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Orlando (Current mailing address, if different) REPORT ARY OF STATE O	/		street address)		~
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Al Buchala		(Current mailing	address, if different)	D	200 200 200 200 200 200 200 200 200 200
Name: Name: Al Buchala Office Address: Orlando Orlando Florida 32832 12009 Deer Path Way					95.7 195.7
Name: 12009 Deer Path Way	8. Name and stre	et address of Florida registered agent: (P.O. l	Box NOT acceptable)		
Orlando , Florida 32832	Name:	Al Buchala			P(5)
Orlando , Florida 32832	ranic.	12009 Deer Path Way		 E	
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(Zip code)		Orlando	27027		
			, Florida		
	Office Address: 9. Registered ag	(City)	, Florida (Zip code)		•
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	Office Address: 9. Registered ag Having been nan designated in this	(City) gent's acceptance: med as registered agent and to accept service s application, I hereby accept the appointmen	, Florida (Zip code) of process for the above stated corporation at nt as registered agent and agree to act in this c	capa	icity. I
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	Office Address: 9. Registered ag Having been nan designated in this further agree to c	(City) yent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointment comply with the provisions of all statutes rela	, Florida (Zip code) of process for the above stated corporation at nt as registered agent and agree to act in this c ative to the proper and complete performance of	capa	icity. I
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.	Office Address: 9. Registered ag Having been nan designated in this further agree to c	(City) yent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointment comply with the provisions of all statutes rela	, Florida (Zip code) of process for the above stated corporation at nt as registered agent and agree to act in this c ative to the proper and complete performance of	capa	icity. I
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	Office Address: 9. Registered ag Having been nan designated in this further agree to c	(City) gent's acceptance: med as registered agent and to accept service s application, I hereby accept the appointment comply with the provisions of all statutes rela r with and accept the obligations of my posit	, Florida (Zip code) of process for the above stated corporation at nt as registered agent and agree to act in this c ative to the proper and complete performance of	capa	icity. I

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 Tom Robertson Chairman □ Chairman Name: _____ 2880 Shanley Rd □Vice Chairman Address: ☐ Vice Chairman Address: _____ □ Director Director Auburn, CA 95603 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: 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. m 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. Tom Robertson, President



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: INNERMARK, INC.

Entity No.: 3860756 **Registration Date:** 01/06/2016

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 18, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 202068118

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