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MAY 17 2024

SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alexandra Beuter Inc.	
SUBJECT:	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this mat-	ter to the following:
Betty Haas	
Name o	of Person
Munroe Haas PA	
Firm/Co	ompany
2813 S Hiawassee Road Suite 307	
Ad	dress
Orlando, FL 32835	
City/State	and Zip code
alexandrabeuterine@gmail.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Betty Haas 407	291-2700
Name of Person Area Co	
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT STREET STRE	NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

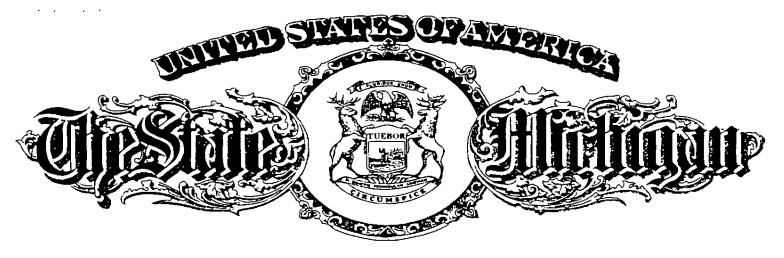
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Alexandra Beut	er Inc			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc." "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Flo	 orida)	
2. Michigan	3	85-1079091		
(State or counti	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 06/04/2020	5	(Date of duration, if other than perpetual)		
N/A	e of incorporation)	(Date of duration, if other than perpetual)		
6. 944 Kylee Alley	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7. 944 Kylee Alley Winter Garden, FL 34787 (Principal office street address)			24 MAY 17 PM	SECR DIVISION
	(Current mail	ing address, if different)	- 17	00 00 X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	圣	299c
Name:	Alexandra Beuter		<u>بي</u> —	RATI
Office Address:	944 Kylee Alley		٩٦	SW0
	Winter Garden	Florida 34787		
	(City)	Florida (Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation a tment as registered agent and agree to act in this relative to the proper and complete performance osition as registered agent.	capac	ity. I
_	(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]:

A. DIRECTORS Alexandra Beuter □ Chairman ☐ Chairman Name: _____ 944 Kylce Alley □ Vice Chairman Address: ☐ Vice Chairman Address: Winter Garden, FL 34787 □ 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 _____ Name: _____ □ Chairman □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: _____ □ Director ☐ Director □ President □ President □Vice President ___ ☐Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer □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. Chryman 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. Alexandra Beuter



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ALEXANDRA BEUTER INC

was validly incorporated on June 4, 2020 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of May, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau