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11/13/2024

NAME: INVESTMENT LAM CORP

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: INVESTMENT LAM CORP					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.					
Please return all correspondence concerning this management	atter to the following:				
YOLANI	DA ROBINSIN				
Nam	c of Person				
ATC					
Firm	Company				
700 WASHINGTON ST, SUITE 202					
A	ddress				
COLUM	BUS, IN 47201				
City/St	tte and Zip code				
	@AEROTRUST.CL				
E-mail address: (to be u	sed for future annual report notification)				
For further information concerning this matter, please call:					
YOLANDA ROBINSON 8:	2 975-0297				
Name of Person Area	Code Daytime Telephone 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				
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$ \$70.00 Filing Fee \$ \$78.75 Filing Fee & \$ \$78.75 Filing Fee & \$ \$Certificate of Status \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					

#### - 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 unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
DELAWARE	3.	33-1689094	
(State or count) 10/21/2024	ry under the law of which it is incorporated)  5.	(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
. N/A 5			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 102, F.S., to determine penalty liability)	
2875 NE 191ST,	SUITE 901, AVENTURA, FL 33180	, , ,	
,	(Principal offi	cc <u>street</u> address)	
2875 NE 191ST,	SUITE 901, AVENTURA, FL 33180		
	(Current mailin	g address, if different)	
	et address of Florida registered agent: (P.O SERBER & ASSOCIATES, P.A.	ν <sub>ε</sub> : ω	
Name:  Iffice Address:	2875 NE 191ST, SUITE 901	PH L: 07  Florida 33180	
	AVENTURA	Florida 33180	
	(City)	(Zip code)	
laving been nam esignated in this irther agree to c	application, I hereby accept the appointm	ce of process for the above stated corporation at the place tent as registered agent and agree to act in this capacity, elative to the proper and complete performance of my dis- cition as registered agent.	

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.

#### , Docusign Envelope ID: 7B19749C-EC0C-40B3-9777-B80F0CFAB035 A. DFRECTORS

□Chairmал	Name:	□Chairman	Name:		
□Vice Chainnan	Address:	□Vice Chairman	Address:		
Director	SUITE 301	□Director			
□President	NEWARK, DE 19713	□President	- <del></del>		
□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	- SEE - P		
Secretary	Treasurer	Secretary	□Treasurer		
□Other	Other	Other			
□Chairman	Name:	□Chaiπnan	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		☐ Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐Secretary	□Treasurer		
Other		□Other			
individuals may be	Jse an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen Signature of Director or	nvof State Annual Re	d for reporting purposes only. Non-indexed eport form.		
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.					
13	VANESSA PIE	EDRAHITA			

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

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVESTMENT LAM CORP" 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-FIFTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVESTMENT LAM CORP" WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

5648290 8300 SR# 20244047175

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204723884

Date: 10-25-24