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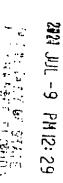
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUL 15 2021 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations						
CLIBI	BUSP/	ATROL AMERICA LLC					
SOBJ	Name of Limited Liability Company						
7%							
Existe	nce, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matte	er to the following:					
	VINCENT ALLARD						
		Name of Person					
	CORPOMAX INC.						
Firm/Company							
	Address						
	NEWARK. DE 19713						
		City/State and Zip Code					
	INFO@CORPOMAX.COM						
	E-mail address: (to	be used for future annual report notification)					
For fu	rther information concerning this matter, please	call:					
	VINCENT ALLARD	302 266-8200					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section					
		Division of Corporations					
		The Centre of Tallahassee					
		2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D □ \$125.00 Filing Fee ■ \$130.00 Filing Certificat	EPARTMENT OF STATE					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BUSPATROL AMER	CA LLC	Liability Company," "L.L.C	' or "LLC.")		
BUSPATROL AMERIC			,,		
t name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must me	chide "Limited Liability Co	ompany," "L.L.C," or "LLC ")	
DELAWARE 2.		82-2021105			
Gurisdiction under the law of w	hich foreign limited hability company is organized)	<u></u> -	(FIII mumber, if applicable)		
l.					
·	(Date first transacted business in Florida, if prior to ((See sections 605 0904 & 605 0905, F.S. to determine	egistration) se penalty liability)			
2915 OGLETOWN RI	D. SUITE 2850				
Street Address of Principal Office)		6(Mailing Addre	\\)		
NEWARK, DE 19713					
		- • • • • • • • • • • • • • • • • • • •			
				22	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		1987 34 6-700	
Name:	NRAI SERVICES, INC.				
Office Address:	1200 SOUTH PINE ISLAND ROAD			PH 12: 29	
	PLANTATION	, Florida	33324	,	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: JEAN SOULIERE JORDON KRUSE **⊠**Manager **■**Manager Address: 2915 OGLETOWN RD #2850 2915 OGLETOWN RD #2850 □Member □Member Address: **NEWARK, DE 19713 NEWARK, DE 19713** □ Authorized □ Authorized Person Person ■Other_CEO □Other_____ Other__ □Other____ Name: JARED FRANDLE Name: _ CASS TRAUB **■**Manager ■ Manager Address: __ 2915 OGLETOWN RD #2850 2915 OGLETOWN RD #2850 □ Member □Member **NEWARK, DE 19713 NEWARK, DE 19713** □ Authorized □ Authorized Person Person ■Other CFO Other □Other____ Other Manager □ Manager Address: ____

☐Member

☐ Authorized

Person

Other

□ Other

ı

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Other____

□ Member

□ Authorized

Person

NEWARK, DE 19713

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BUSPATROL AMERICA LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUSPATROL AMERICA LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2017.

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



July W. Ballett, Sacretary of State

Authentication: 203132514