Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor	· ·	
	rax Numoer	: (850)617-6383	1.3
From:	•		•
		: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.	
	Account Number		r
		: (800)221-2972 : (917)243-5843	- ,
		s for this business entity to be used for futu .ngs. Enter only one email address please.**	iu6

KONLJANTOJ SIAIE LLAHASSEE, FI OPIO Electronic Filing Menu

Corporate Filing Menu

Help

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINES	88
IN FLORIDA	

AMB FURNITURE LI	Limited Liability Compuny; must include "Lumner	Liability Company, "L.L.C.," o	FELC.")	***************************************				
ra ne unavallable, enter alternate n	naise adopted for the purpose of transacting husiness in Flor	ids. The alternate name most include "l	Lémited Liability Con	ipary," "Li("," or "1 &C	~ }		
Delaware		3.						
Ourselfetton goder the new of w	hich foreign limited hability commany is organized)		3. (Fit number, if wapacable)					
Upon filing								
	(Outs first busineted business in Florida, if prior in tise, ventions offs 001M & 605,0905, F.S. to determine	ogisterikki.) e penalty liabilny)	,		202			
1920 SW 81st Avenue		1920 SW 81st Ave 6	nue Apt 204		<u>J</u>			
(आरक्स रेवेकेव्हर को	Principal Öffice)	0. (5	failing Address)	. , 'હ	<u></u>	***		
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#4 \$PM 4 * \$ \$ 4 \$ 4 \$ 4 \$ 4 \$ 4 \$ \$ \$ \$ \$ \$ \$					<u>_</u>			
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)		<u>-`</u>	ည်			
Name and street address	- ,	NOT acceptable)			చ్			
Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Raymond Bradley	NOT acceptable)		<u> </u>	ည်			
	- ,	<u>NOT</u> acceptable)		<u></u>	చ్			
Name:	Raymond Bradley		068	<u></u>	చ్			
Name:	Raymond Bradley 1920 SW \$1st Avenue Apt 204		068 (Tip code)		ည်			

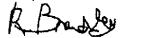
PAGE 3/4

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage jup to six (6) totall:

Title or Capachy:	Name and Address:	Title or Capacity	<u>u</u>	Name and Address;
[]Manager	Name: Raymond Bradley	Manager	Nume:	
™ Member	Address: 1920 SW 81st Avenue Apt 204	Member		
Authorized	North Landerdale, FL 33068	Authorized		
Person		Person		
[]Other	Other	Other		Other
Manager	Name:	Manager Manager	Name:	
[[]Mumber	Address:	Member	Address:	
		Authorized		
Person		Person		2021
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				4 · · · · · · · · · · · · · · · · · · ·
[]]Manager	Name:	Manager	Name:	in the second se
[[]Member	Address:	Member	Address:	F
Authorized		Authorized		+
Person		Person		
[]Other_	Other	Other		Other

Important Nonec, 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.

- 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 most be submitted)
- 10. This document is executed in accordance with section 605.0263 (1) (b). Florida Statutes. I am aware that any false information saturated in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMB FURNITURE 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 FIFTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMB FURNITURE LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2020.

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

2021 JUL 19 PM 3: 43

Jacobs of Bassiages, Secretary of State

3800660 8300 SR# 20212718002

Authentication: 203686540

Date: 07-15-21