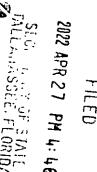
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T. LEMIEUX APR 28 2022

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Amara B Solutions, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Amara D. Brown Name of Person
Amara B Solutions Firm/Company
1007 N Federal Hwy #194 Address
Fort Lauder dale, FL 33304 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amura D. Brown at (718) 218 - 3446  Name of Contact Person Area Code Daytime Telephone Number
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy



March 14, 2022

AMARA D BROWN 1007 N FEDERAL HWY #194 FT LAUDERDALE, FL 33304

SUBJECT: AMARA B SOLUTIONS LLC

Ref. Number: W22000033033

We have received your document for AMARA B SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 722A00005996

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must inch	ude "Limited Liability Company	y." "L.L.C," or "L.L.C.")
2. New (Jurisdiction under the law of w	York 5446 high foreign limited liability company is organized)	3.	(FEI number, if applicable	)
4	(Date first transacted business in Florida, if prior to (See sections 603,0004 & 603,0005, F.S. to determ	registration ) une penalty hability)		
5. O 7 N Street Address of Principal Office)	Federal Huy #194	6. 1007 Mailing Address	y Federal	Hwy #194
Fort Lauc	Herdale, FL 33304	Fort 1	auderdelle	<u>, FL</u> 333
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<b>8</b>	2022 AI
Name:	Amara D. Brow	<u> </u>		APR 27 PI
Office Address:	1007 N. Federal	Hwy #194	FCORII	56 3571E
	Fort Lauder	Ja/e Florida	33304 S (Zipcode)	<u> </u>
designated in this applicate comply with the provis	(City)	process for the above sta is registered agent and ag r and complete performan	(Zipcode) ted limited liability con gree to act in this capa	icity. I further agree

(Registered agent's signature)

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:
Manager	Name: Amare D. Brown	□Manager	Name:	
□Member	Address: 1007 N Federal	□Member	Address:	
□Authorized	Hevy #194	□Authorized		
Person	Fort Lauderdale, FL 3330	Y Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	<u>.                                </u>
□Member	Address:	□Member	Address:	
□Authorized	· · · · · · · · · · · · · · · · · · ·	□Authorized		
Person	47	Person		<del></del>
□Other	Other	Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
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.

- 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.

Simulation of Control and Control

Dominique Brown

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: AMARA B SOLUTIONS, LLC

DOS ID Number: 5977093

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/30/2021

Statement Status: CURRENT
Statement Due Date: 03/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 18, 2022 at 03:24 P.M.

Brandon C. Heyles

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001248645 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>