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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	AMELIORATE GLOBAL ENTERPRISE	LLC				
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this matter t	to the following:				
	EVERALD H FRANCIS					
		Name of Person				
	AMELIOE GLOBAL ENTERPRISE	LLC				
	Firm/Company					
	3706 W IDLEWILD AVE APT 103					
		Address				
	TAMPA FLORIDA 33614					
	C	City/State and Zip Code				
	EVEARS@LIVE.COM					
	E-mail address: (to be	e used for future annual report notification)				
For fur	ther information concerning this matter, please ca	dE				
	EVERALD H FRANCIS	917 770 - 8776 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
	Division of Corporations Division of Corporations					
		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 DEI \$\Boxed{\subseteq}\$\$ \$125.00 Filing Fee Certificate of	ee & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	SAL ENTERPRISE LLC					
	Limited Liability Company; must include "Limited	Hiability Co	mpany," "L.L.C.," or "LLC.")			
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The altern	nate name must include "Limited Lial	bility Company," "L.L.C," o	 эт "LLC.")	
DELAWARE		62 3.	62839			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-J	(FEI numbe	r, if applicable)		
00/00/0000						
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liabil	hty)			
3706 W HDLEWILD	AVE APT 103	6	06 W IDLEWILD AVE A (Mathing Address)			
TAMPA FL. 33614		TAMPA FL. 33614				
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)			
Name:	EVERALD H FRANCIS			2022 OCT		
Office Address:	3706 W IDLEWILD AVE APT 103			2	FILE	
	ТАМРА		33614 , Florida		0.	
	(City)		(Zip code)			

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:
T. Manager	Name: FIERALD H FRANCIS	□Manager	Name:	
□ Member	Address: 37 Co W Tallerwild	E∃Member	Address:	
Tr'Authorized	Ave A, II. 103	□Authorized		
Person	Lampa El- 556/4	Person		
Other	Other	□Other		□Other
Manager	Name:	□Manager	Name:	
IMember	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		[]Other
- Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
. Other	COther	□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.

Signature of an authorized person

FIGURIALID H FRANCTS

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMELIORATE GLOBAL ENTERPRISE, 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 TWENTY-SEWENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMELIORATE GLOBAL ENTERPRISE, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2016.

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

1

Jeffrey W Bullious, Secretary of State

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