## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P1700005	Secretary of State Secretary of State Division of Corporations  57279  The Brause of Lee -	FILED  2024 AUG 13 AM II: 00  SECRETARY OF STATE FALLAHASSEELES
9603 NW 76 STREET C Suite, Apt. #, etc. S N/A City & State C I amaroc. Flori DA Zip Country Z	3. Mailing Office Address  9603 NW 76 See Car  Suite, Apt. II, etc.  City & State  Tamarac, Florida  Country  LICA	CR2E081 (11/10)  4. Date Incorporated or Qualified To Do Business in Florida 07-03-2017  5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED 8875 Additional For equited
7. Name and Address of Cu Name EbeL "Polo"   Sme Street Address (P.O. Box Number is Not Acceptable) 9603 NW 76 Suite, Apr. #, Etc. City—Tamasac	State Zip Code FL 3330.1	CERTIFICATE OF STATUS DESIRED
8. It, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Proceedings of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Place Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Fittles Officer and/or Director (Florida nonprofit corporations of Each Officer and/or Director (Florida nonprofit corporations of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
PTS Ebel "Polo" Isme	9603 NW 76 <sup>th</sup> S	Tomanic, Flaigh 33321
10. E-mail Address: Chelisme Yourn. Corn  (To be used for future annual report notification)  (To be used for future annual report notification)  11. I certify that I am an officer or director or the receiver or trustee empowered to usecute this application as provided for in chapter 607 or 617, F.S. I further certify that all flees owed by the corporation have been paid. I further certify, the Information Indicated on this application is true and accurate, and my eignoture shall have the same legal effect as it made under oath. I an aware has additionable matter and document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day Dayline Phone #  ### Add For Nic - BM  8113/24		