F21000005821

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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M. SOLOMON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 098969 4807453						
AUTHORIZATION CONCERNATION						
COST LIMIT : \$ 70.00						
ORDER DATE : October 11, 2021						
ORDER TIME : 9:51 AM						
ORDER NO. : 098969-005						
CUSTOMER NO: 4807453						
FOREIGN FILINGS						
NAME: CLJ ALMOND CO.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY X PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Alexxis Weiland EXT# 61592						

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	CLJ Almond Co.			
		corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	_
<u>,</u>	If name unavail	able in Florida, enter alternate corporate name :	adopted for the purpose of transacting business in Florida)	_
2. 1	Delaware	3	87-3045941	
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	_
4.	September 28, 2	2021		
	(Date of incorporation)		(Date of duration, if other than perpetual)	_
6.	September 28, 2	2021		
_		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-
7. 20	00 S. Biscayne I	Blvd., Suite 4620, Miami, FL 33131		
''—	-	(Principal offic	ce street address)	-
			÷.	202
		(Current mailin	g address, if different)	1 0
				00112
8. N	lame and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	רט
	Name:	Caroline L. Joost	1	~ ⊌
Offic	ce Address:	200 S. Biscayne Blvd., Suite 4620		₹ĭ i:00
		Miami	Florida 33131	0
		(City)	(Zip code)	

9. Registered agent's acceptance:

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

(Registered agent's signature)

Caroline L. Joost

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Caroline L. Joost □ Chairman Name: □Chairman Name: 200 S. Biscayne Blvd., Suite 4620 □Vice Chairman Address: □Vice Chairman Address: ____ Miami, FL 33131 Director ☐ Director President □ President ☐ Vice President □ Vice President **■** Secretary Treasurer Treasurer □ Secretary □Treasurer □Other ____ ☐ Other _____ □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: _____ ☐Vice Chairman Address: _____ □Director Director □ President □President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other _____ Other Other _____ □Other □ Chairman Name: □ Chairman Name: □ Vice Chairman Address: □Vice Chairman Address: Director □ Director □President ☐ President □ Vice President _ □Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Caroline L. Joost, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLJ ALMOND CO." IS DULY INCORPORATED

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

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLJ ALMOND CO."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204385013

Date: 10-12-21