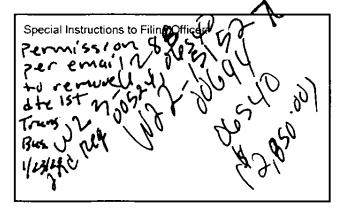
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Office Use Only



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S. FRANKLIN

JAN 2 3 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations		1) 41 d
SUBJECT: Mexicali Border Cafe, Inc.	•	- 191   1 -1 191   1 - 1-11   1
Name of corporation	- must include suffix	[-0].) ; *1 ;
Dear Sir or Madam:		•
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact business	ding" and check are submitted to register the	
Please return all correspondence concerning this matter	to the following:	5 M.
Marshall Kottler President	•	( ,
Name of I	Person	?
Mexicali Border Cafe, Inc.		
Firm/Com	pany	7
9459 East 109th Place		in the
Addre		Ö
Tulsa/Okiahoma 74133		
City/State at	nd Zip code	
marshkott@cox.net		
E-mail address: (to be used f	or future annual report notification)	
For further information concerning this matter, please c	ali:	
Marshali Kottler 918	<b>629-5764</b>	: 41
Name of Person Area Code	e Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suita 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	OF STATE	•
☑ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status of Certified Copy	<b>&amp;</b>

# 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.

ele in Plorida, enter alternate corporate nan	no adopted for the purpose of transacting business in Florida)
•	76-0196048
under the law of which it is incorporated)	(FEI number, if applicable)
ſ	Perpetual 5.
f incorporation)	(Date of duration, if other than perpetual)
(SEE SECTIONS 607.1501 & 607.	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
ace, Tuisa, Okiahoma 74133	
(Principa) o	office street address)
(Current mai	ling address, if different)
address of Clasida and and a comment of the comment	AO D. MOT
Delice walker, Occure, Petros & Sper., 1	nuc'
3119 Manatoe Avenue West	
Bradenton	34205
(City)	, Florida (Zip code)
	(Current mail: address of Florida registered agent: (Barnes Walker, Goethe, Perros & Shen, 3119 Manatoo Avenue West

See attached Certificate of Existence.

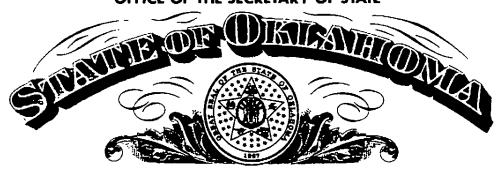
under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

A. DIRECTURS					
<b>a</b> Chairman	Name: Marshall Kottler	☐Chairman	Name:		·
⊒Vice Chairman	9459 2. 109 the Address: TUISON 74133	□Vice Chairman	Address:		
Director	TUNO 06 74133	Director			
President	Marshall Kottler	□President		<del></del>	
□Vice President		□Vice President			
□ Secretary	☐ Treasuer	Secretary		□Treasurer	
Other	□Other	□Other		□Other	
OChairman	Name:	□Chairman	Name		
		□Vice Chairman			
	Address:		Anues.		
□ Director		Director		<u>.</u>	
President		□ President			
		□Vice President			
□ Secretary	□Treasurer	Secretary		Treasurer	
□ Other	Oother	DOther	<del></del> -	□Other	<u>1</u>
DChairman	Name:	☐ Chairman	Name:	<u>-</u>	<u>ن</u> رن ن ق
□Vice Chairman	n Address:	□Vice Chairman	Address:		
□ Director		Director			<del></del> -
□ President		☐President			<del></del>
OVice President		□Vice President	<del></del> _		
DSecretary	☐Treasurer	Secretary		☐Treasurer	
□Other	CiOther	Other		Other	
individuals may	b: Use an attachment to report more than six (6). The arta be added to the index when filing your Florida Department arshall kottler  Signature of Director of	ent of State Annual F	ed for reporting Report form.	purposes only. No	n-indexed
The officer or di she is aware that \$.817.155, F.S.	rector signing this document (and who is listed in number t false information submitted in a document to the Depart	r 11 above) affirms:	that the facts stat tutes a third degr	ted herein are true : ree felony as provid	and that he or ded for in
	arshall kottler Pravisent				

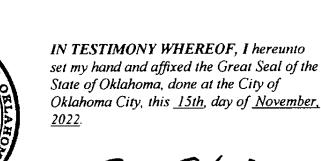
#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that MEXICALI BORDER CAFE, INC. whose registered agent is MARSHALL W KOTTLER, with its registered office at 7104 S SHERIDAN RD STE 9 TULSA 74133 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



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