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COVER LETTER

TO:	O: Registration Section Division of Corporations							
CHRI	ECT: Afras USA. Inc.							
3004	Name of Corporation – must include suffix							
Dear S	ir or Madam:							
Affairs	sclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.							
Please	return all correspondence concerning this matter to the following:							
	Susan Flannigan							
	Name of Person							
	Afras USA, Inc.							
	Firm/Company							
	1000 N. Post Oak Road							
	Suite 220							
	Address							
	Houston, TX 77055							
	City/State and Zip Code							
	susan@afrasusa.com							
	E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter, please call:							
Susan	Flannigan 917 678-9000							
	Name of Person Area Code Daytime Telephone Number							
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee \$\Bigsquare\$							

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

L. Afras USA, II		2701 1000000 PERSON	
import in langua	ration: must include the word "INCORPORAT age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used a	on instead of a natural person or partnersh	in if not so contained
(If name unava	silable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting b	ousiness in Florida)
2. Texas	3	41-2131089	
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicab	le)
д 03/09/2004	5		
(C	Date of Incorporation) 5	(Date of duration, if other tha	in perpetual)
0.1.00.100.000			
(Date first cond	ucted affairs in Florida if prior to registration. See	sections 617,1501 & 617,1502, F.S. to det	ermine penalty liability.)
7. 10021 CHEMS	STRAND RD, SUITE 13, PENSACOLA, FL 3		
	(Principal offi	ice <u>street</u> address)	
	(Current mailing	address, if different)	
	(
Wholards Da	nallar		
8. Wholesale Res	seller corporation authorized in home state or country	to be coggind out in the state of Clorida.	
(r urpose(s) or c	corporation authorized in nome state of country	to be carried out in the state of Fiorida)	
9. Name and <u>str</u>	Susan Flannigan 10021 CHEMSTRAND RD. SUITE 13 PENSACOLA (City) agent's acceptance: med as registered agent and to accept serv	O. Box <u>NOT</u> acceptable)	6.1
Manuar	Susan Flannigan		7025 5. C
Name. Offica Addrose:	10021 CHEMSTRAND RD, SUITE 13		
Office Address.	PENSACOLA	Florida 32514	
	(City)	(Zip Code)	
10 15 14			
10. Registerea Having been na	agent's acceptance; med as registered agent and to accept serv	vice of process for the above stated c	ornoration with place
designated in th further agree to	is application, I hereby accept the appoint comply with the provisions of all statutes ar with and accept the obligations of my p	tment as registered agent and agree t relative to the proper and complete i	to act/in thi\$•€apacity. I
	Suna =	Harrigan agent's signatures	
	(Registered	agent's signature	

11. 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.

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

A. DIRECTOR							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	SUITE 13	□Director					
■ President	PENSACOLA	□President					
□Vice President	FL 32514	□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:				
□ Chairman	Name;	□Chairman	Name:				
	Address:		Address:				
□Director		□Director					
□President		□President					
□ Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other:	Other:	□Other:	Other:				
NOTE: 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. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Susan Flannigan (Typed or printed name and capacity of person signing application)							

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for AFRAS USA, INC. (file number 800314596), a Domestic For-Profit Corporation, was filed in this office on March 09, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 23, 2024.



gave Helson

Jane Nelson Secretary of State