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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Global Bamboo Technologie	es Inc.		
SOBJECT.	Name	of corporation - mu	st include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to	e of Good Standing'	' and check are submi	Business in Florida," tted to register the
Please return	all correspondence concerr	ing this matter to th	e following:	
Elizabeth Thor	nton			
		Name of Perso	on	
Global Bambo	o Technologies Inc.			
		Firm/Company	,	
310 Cypress R	d			
		Address		
Ocala, FL 344	72			
	 	City/State and Zi	p code	
Elizabeth@bar	ncore.com			
	E-mail addres	ss: (to be used for fu	ture annual report not	ification)
For further in	formation concerning this	matter, please call:		
Elizabeth Thor	mton	at (⁷⁰⁷) 6) 608-9746	
Nam	e of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make ch	check for the following am neck payable to: FLORIDA I ing Fee	DEPARTMENT OF : ng Fee &	STATE 3.75 Filing Fee & rtified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transacting	g business in Florida)	
Delaware	3	84-3909186		
(State or count	ry under the law of which it is incorporated)	(FEI number, if app	olicable)	
12/06/2019	5. <u></u>			
(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		y)	
310 Cypress Rd,	Ocala, FL 34472			
	(Principal office	: street address)		
Same as above				
	(Current mailing	address, if different)		
	and the second second second (D.O.)	Day NOT assentable)		
N1		Box NOT acceptable)		
Name and stre	eet address of Florida registered agent: (P.O.		N	
Name and stre	Elizabeth Thornton		2025 3 Ly	
Name:	-		SLACE	
Name:	Elizabeth Thornton		SEASON AN TO	
Name:	Elizabeth Thornton 310 Cypress Rd Ocala	, Florida <u>34472</u> (Zip code)	5.4	
Name:	Elizabeth Thornton 310 Cypress Rd Ocala (City)		10 PM	
Name: Tice Address: Registered as	Elizabeth Thornton 310 Cypress Rd Ocala (City)	(Zip code)	TO PM 2:	
Name: Tice Address: Registered agaving been nansignated in thi	Elizabeth Thornton 310 Cypress Rd Ocala (City) gent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme	(Zip code) e of process for the above stated ent as registered agent and agre	corporation at the to act in This cap	
Name: fice Address: Registered againg been nansignated in thirther agree to a	Elizabeth Thornton 310 Cypress Rd Ocala (City) gent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes reli	(Zip code) c of process for the above stated ent as registered agent and agre lative to the proper and complet	corporation at the	
Name: ffice Address: Registered agaving been nanesignated in this	Elizabeth Thornton 310 Cypress Rd Ocala (City) gent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme	(Zip code) c of process for the above stated ent as registered agent and agre lative to the proper and complet	corporation at the	
Name: ffice Address: Registered agaving been nanesignated in this	Elizabeth Thornton 310 Cypress Rd Ocala (City) gent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes reli	(Zip code) c of process for the above stated ent as registered agent and agre lative to the proper and complet	corporation at the	
Name: ffice Address: Registered agaving been nanesignated in this	Elizabeth Thornton 310 Cypress Rd Ocala (City) gent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes reli	(Zip code) c of process for the above stated ent as registered agent and agre lative to the proper and complet	corporation at the to act in This cap	

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

under the law of which it is incorporated.

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. DIRECTORS							
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 310 Cypress Rd	□ Vice Chairman	Address:				
Director	Ocala, FL 34472	□Director	Ocala, FL 34472				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	Treasurer				
Other CEO	□ Other	Other	OtherOther				
□Chairman	Thomas Fichter	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Ocala, FL 34472	Director	Ocala, FL 34472				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other	□Other				
	Decid Canalas		Sant Vieksay				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address: 310 Cypress Rd				
■Director	Ocala, FL 34472	Director	Ocala, FL 34472				
□President		□President	···				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	Other	Other				
Important Notice; individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme	chment will be image nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.				
12. Signature of Director or Officer							
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.							
13. Toby Stults							
(Typed or printed name and capacity of person signing application)							

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GLOBAL BAMBOO TECHNOLOGIES INC." 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 SEVENTH DAY OF JANUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL BAMBOO TECHNOLOGIES INC." WAS INCORPORATED ON THE SIXTH DAY OF DECEMBER, A.D. 2019.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 202627177

Date: 01-07-25