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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

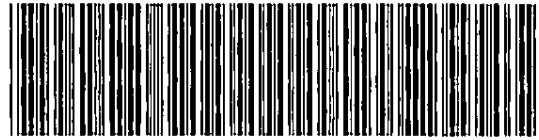
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iMECA Foundation

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dmitri Nikulin

Name of Person

iMECA Foundation

Firm/Company

16699 Collins Ave #2903

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

dn@valeriusfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dmitri Nikulin at (310) 994-4833

Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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:

1. IMECA Foundation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming (State or country under the law of which it is incorporated) 3. 86-2590442 (FEI number, if applicable)

4. 03/02/2021 (Date of Incorporation) 5. N/A (Date of duration, if other than perpetual)

6. N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 16699 Collins Ave #2903 Sunny Isles Beach, FL 33160 (Principal office street address)

(Current mailing address, if different)

8. Regional Office (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dmitri Nikulin

Office Address: 16699 Collins Ave #2903

Sunny Isles Beach, Florida 33160 (City) (Zip Code)

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10. 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.

[Handwritten signature]

(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. DIRECTORS

Chairman Name: Jeff Palumbo
 Vice Chairman Address: 1207 Mapleton Cir
 Director Richmond, VA 23229
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: CJ O'Connor
 Vice Chairman Address: 540 Brickell Bay Dr #1801
 Director Miami, FL 33131
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

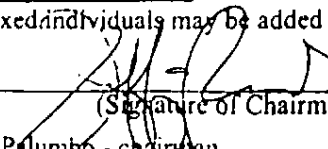
Chairman Name: Dmitri Nikulin
 Vice Chairman Address: 16699 Collins Ave #2903
 Director Sunny Isles Beach, FL 33160
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Dumitru Milisteanu
 Vice Chairman Address: 15051 Royal Oaks Lane
 Director North Miami, FL 33181
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: Manager _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

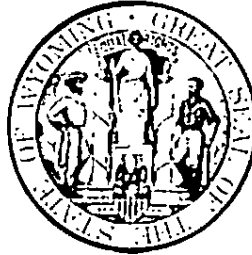
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jeff Palumbo - chairman
 (Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } **ss.**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

iMECA Foundation
is a
Nonprofit Corporation

formed or qualified under the laws of Wyoming did on **March 2, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000985160**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of January, 2022 at 11:05 AM.



Edward A. Buchanan
Secretary of State

By *Kaytlynn Whisenhunt*
Kaytlynn Whisenhunt