## F23000005105

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TALL APASSES FILE

## **COVER LETTER**

Division of Corporation		
SUBJECT: Nando and Honey	/ Inc	
	Name of corporation	n - must include suffix
Dear Sir or Madam:		
	Certificate of Good Sta	Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.
Please return all correspondence	ce concerning this matte	er to the following:
Ariel Krause		
	Name of	Person
	Firm/Cor	npany
2551 W. Rowland Ave		
	Addi	ress
Anaheim, CA 92804		
	City/State	and Zip code
arielkrause22@gmail.com		
E-n	nail address: (to be used	for future annual report notification)
For further information concer	ning this matter, please	call:
Ariel Krause	at ( <sup>720</sup>	)
Name of Person	Arca Co	de Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 3230	ons ssee t, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	ORIDA DEPARTMEN	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Statu 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.

		porate name adopted for the purpose of transacting	-	
California		3. 93-1610206 (FEI number, if app	93-1610206	
(State or count	ry under the law of which it is inco	orporated) (FEI number, if app	plicable)	
05/18/2023		5.		
(Date of incorporation)		(Date of duration, if other t	(Date of duration, if other than perpetual)	
04/01/2023				
70 SW 6th Ave	(SEE SECTIONS 607.15	ed business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liabilit	ty)	
	, Fort Lauderdale, FL 33315-1038	Principal office street address)		
	·			
	(C	· · · · · · · · · · · · · · · · · · ·		
<del></del>	(C	urrent mailing address, if different)		
Name and stre	·	urrent mailing address, if different)		
	et address of Florida registered	· · · · · · · · · · · · · · · · · · ·	2023 A Secr Tal	
Name and <u>stre</u> Name:	·	urrent mailing address, if different)	2023 AUG SECRETA TALLA	
Name:	et address of Florida registered	urrent mailing address, if different)	2023 AUG 24 SECRETARY TALLAHA	
Name:	et address of Florida registered Luis Suarez  570 SW 6th Ave	urrent mailing address, if different)  agent: (P.O. Box NOT acceptable)	2023 AUG 24 AM SECRETARY OF TALLAHASSES	
Name:	et address of Florida registered Luis Suarez  570 SW 6th Ave	urrent mailing address, if different)	SECRETARY OF STA	
Name: fice Address:	et address of Florida registered Luis Suarez  570 SW 6th Ave  Fort Lauderdale  (City)	urrent mailing address, if different)  agent: (P.O. Box NOT acceptable)	SECRETARY OF STATE TALLAHASSEE, FL	
Name: fice Address:  Registered ag	et address of Florida registered Luis Suarez  570 SW 6th Ave  Fort Lauderdale  (City)  sent's acceptance:	agent: (P.O. Box NOT acceptable)  Florida     33315-1038	•	
Name: fice Address:  Registered agwing been name	et address of Florida registered Luis Suarez  570 SW 6th Ave  Fort Lauderdale  (City)  gent's acceptance:  med as registered agent and to a	urrent mailing address, if different)  agent: (P.O. Box NOT acceptable)  Florida 33315-1038  (Zip code)  accept service of process for the above stated	corporation at the	
Name: fice Address:  Registered ag aving been nan signated in this	et address of Florida registered Luis Suarez  570 SW 6th Ave  Fort Lauderdale  (City)  sent's acceptance: med as registered agent and to a sapplication, I hereby accept the	agent: (P.O. Box NOT acceptable)  Florida     33315-1038	corporation at the period to the period to the period to the total this capa	

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						
□Chairman	Name: Luis Suarez	□Chairman	Name: Lana Bertonetesei			
□Vice Chairman	570 SW 6th Ave	□Vice Chairman	570 SW 6th Ave Address:			
■ Director Fort Lauderdale, FL 33315-1038		■ Director	Fort Lauderdale, FL 33315-1038			
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary	□Treasurer			
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.  12. 1405 Suatrez (Aug 14 2073 13 14 EDI)  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. Luis Suarez, Director



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Nando and Honey Inc

Entity No.: 5726893 Registration Date: 05/18/2023

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 10, 2023.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 136785835

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.