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To:

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Division of Corporations

Fax Number

: (850)617-6393

Erom:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001 Phone : (305)854-6000 Fax Number : (305)860-2076

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION ZURFERS, INC.

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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. ZURFERS, INC. (Enter name of corporation; must ihelude "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-552-0623 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of Incorporation) (Date of duration, if other than perpetual) UPON FILING (Date first transnoted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 175 SW 7th Street, Suite 1610, Miami, Florida 33131 (Principal office address) 175 SW 7th Street, Stite 1610, Miami, Florida 33131 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SPIEGEL & UTRERA, P.A. Name: 1840 SW 22nd Street, 4th Floor Office Address: Miami 33 [45

9. 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.

SPICALL QUILLE A. P. A.

(Zip code)

(City)

1: Male Che NATALIA VINERA NICE PRESIDENT

(Registered agent's signature)

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.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Domenico D'Alfonzo Chairman: 175 SW 7th Street, Suite 1610 Address: Mismi, Florida 33131 Vice Chairman: ___ Address: Director: B. OFFICERS Domenico D'Alfonzo 175 SW 7th Street, Suite 1610 Address: Miami, Florida 33131 George,Cordova Vice President: 175 SW 7th Street, Suite 1610 Miami, Florida 33131 Socretary: _ Address: Hilario Acillos Treasurer: 175 SW 7th Street, Suite 1610, Mismi, Florida 33131 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Domenico D'Alfonzo, President (Typed or printed name and capacity of person signing application)

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EURFERS, 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 SIXTH DAY OF JULY, A.D. 2017.

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You may verify this certificate online at corp.delawore.gov/authvec.slitml

Jerriery W. Business, Surcement of State

Authentication: 202838969

Date: 07-06-17