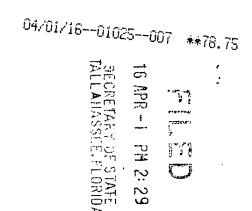
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(Requestor's Name)					
(Ad	dress)				
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PICK-UP	WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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APR O 5 TUTE J. HARRIS

COVER LETTER

TO:	Registration Section					
	Division of Corpora Vorher & Nac	itions h Inc				
SUBJ	JECT:					
		Name of cor	rporation	- must	include suffix	
Dear S	Sir or Madam:					
"Certi		or "Certificate of G	ood Stan	ding":	and check are su	act Business in Florida," bmitted to register the
Please Carlos	return all correspond Grimaldi	ence concerning th	is matter	to the	following:	
Vorhei	- & Nach	1	Name of I	Person		
888 Bı	rickell Key Dr #1102	F	irm/Com _l	oany		
Miami	FL 33131		Addre	ss		
cgrima	aldi@buumusa.com	City	y/State an	d Zip	code	
	E	-mail address: (to	be used for	or futu	re annual report	notification)
For fu	rther information cond	erning this matter,	, please ca	all:		
Carlos Grimaldi		86	3336543			
	Name of Person		rea Code	_)	Daytime Telep	phone Number
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32:	tions ter Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclos	sed is a check for the f	ollowing amount:				
5 70	0.00 Filing Fce	\$78.75 Filing Fee Certificate of Star			5 Filing Fee & Ted Copy	□ \$87.50 Filing Fee, Certificate of Status &

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.

Vorher & Nach Inc

•						
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	DN,"			
me., co., c	orp, me, co, or corp.)					
Before&after inc	e					
delaware		7-2428505				
	State or country under the law of which it is incorporated) (FEI number, if applicable)					
April 20, 2010						
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)			
888 brickell key d	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) fr #1102, Miami fl 33131	lorida, if prior to registration) 2, F.S., to determine penalty liab	ility)			
	(Principal	office address)				
	(Current mailing	address, if different)	1 11 11 11 11 11 11 11 11 11 11 11 11 1			
			Ec =			
Name and stree	t address of Florida registered agent: (P.O. Carlos Grimaldi	Box NOT acceptable)	6 APR			
Name:			10.50			
	888 brickell key dr #1102	_ 				
Office Address:	Miami	33131				
		, Florida	2			
	(City)	(Zip code)	Ο <i>ι</i> η 9			
	ent's accentance					
Registered age						
	ed as registered agent and to accept service	e of process for the above sta	ted corporation at the pla			
iving been name signated in this	ed as registered agent and to accept service application, I hereby accept the appointme	ent as registered agent and ag	gree to act in this capacit			
iving been name signated in this other agree to co	application, I hereby accept the appointme omply with the provisions of all statutes rel	ent as registered agent and ag ative to the proper and comp	gree to act in this capacit lete performance of my			
signated in this rther agree to co	application, I hereby accept the appointme	ent as registered agent and ag ative to the proper and comp	gree to act in this capacit lete performance of my			
iving been name signated in this other agree to co	application, I hereby accept the appointme omply with the provisions of all statutes rel	ent as registered agent and ag ative to the proper and comp	gree to act in this capacit lete performance of my			
aving been name signated in this rther agree to co	application, I hereby accept the appointme omply with the provisions of all statutes rel	ent as registered agent and ag ative to the proper and comp	gree to act in this capacit lete performance of my			

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: CARLOS GRIMALO! Address: 888 BRICKELL KEY DR # 1102 MIAMI PL 23131 Vice Chairman: Address: ____ Director: Address: ___ **B. OFFICERS** President: Address: Vice President: ____ Address: Secretary: __ Treasurer: ___ Address: NOTE: If necessary, you may attach an addendym 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. CARLOS GRIMANDI DIRECTOR

(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 "VORHER & NACH, 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 TWENTY-THIRD DAY OF MARCH, A.D.

2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VORHER & NACH, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2010.

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

Authentication: 202029372

Date: 03-23-16