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

TO:	Registration Se Division of Cor				
SUBJ	ECT:	FIOR	E FOR.	ZA INC	
		Name of	corporation	- must include suffix	
Dear S	Sir or Madam:				
"Certif	ficate of Existenc		f Good Stan	ding" and check are sub	ct Business in Florida," mitted to register the
Please	return all corresp	ondence concerning	g this matter	to the following:	
	No	Atalia	Khoo	ORENKO	
***************************************			Name of I	Person	
		Stalia Fiore	FORE	:A	
			Firm/Com	pany	<u> </u>
	776 NE	166 th .	<i>S</i> +	ss A Fl. 3: Id Zip code PZA · COM or future annual report i	
			Addre	SS	
	NORTH	Miami	Beaci	2 Fl. 3:	3160
	<i>Q</i>	o la Ca	City/State ar	id Zip code	7A.1
	Suppo	R-mail address:	DRE FOR	ZA · COM	otifications Till
		concerning this ma			
Na:	talia Khi	oclopen Ko	347	56743	
	Name of Perso	n	Area Code	Daytime Telep	hone-Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g : Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclo	sed is a check for	the following amou	nt:		
□ \$7	0.00 Filing Fee	\$78.75 Filing Certificate of	Fee & □ Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

A:PPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

EGISTER A FOREIGN CORPORATI		BUSINESS IN THE STATE OF	FLORIDA.
FIORE FOR			
(Enter name of corporation; must includ "Inc.," "Co.," "Corp," "Inc.," "Co," or "Co.," "Corp," "Inc.," "Co," or "Corp," "Inc.," "Corp,"	e "INCORPORATED," Corp.")	"COMPANY," "CORPORATIO	ON,"
(If name unavailable in Florida, enter al	-	adopted for the purpose of transact	ing business in Florida)
(State or country under the law of which	3.	47 - 100903	0
		(FEI number, if a	applicable)
May 22 2014	5.	PERPETUAL	
May 22 2014 (Date of incorporation)		(Date of duration, if other	er than perpetual)
from clate	of Regis	HRATION Florida, if prior to registration)	
(SEE SECTIO	NNS 607 1501 & 607 14	\$02 F.S. to determine nenalty ligh	ility)
430 S. Fuller A	renue, Los	Angeles, CA.	90036
3776 NE. 166 H	•		
3770 10 2. 166		ng address, if different)	, , , , , , , , , , , , , , , , , , , ,
	•	, ,	
Name and street address of Florida	registered agent: (P.C	D. Box NOT acceptable)	
Name: Natalia	KhodoRe	nKo	F.
fice Address: 3776 NE		·····	SUCCESSION JUL
NORth Miam	i Beach	, Florida <u>33160</u> (Zip code)	HASSEE
•.	(City)	(Zip code)	The State of
Registered agent's acceptance:	•	•	
iving been named as registered age			
signated in this application, I hereb Ther agree to comply with the provi ties, and I am familiar with and acc	isions of all statutes i	relative to the proper and comp	olete performance of my
•			
	1.00 1		
	Mojore	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.

1.1. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Natalia Khodorenko
Address: 3776 NE 166 th St North Miami Beach
FL. 33160
Vice Chairman:
Address:
Director: Natalia Khodorenko
Address: 3776 NE 166th St NORth Miami Beach, FL.
33160
Director:
Address:
B. OFFICERS
President: Natalia KhocloRENKO
Address: 3776 NE 166th St North Miami Beach, FL
33160
Vice President:
Address:
Address.
Natalia Khodorenko
Secretary: Natacia Khodorenko Address: 3776 NE 166th St North Miami Beach, FL3316
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. 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. Natalia Khodorenko Director

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FIORE FORZA

FILE NUMBER:

C3678755

FORMATION DATE:

05/22/2014

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 June 07, 2016.

ALEX PADILLA Secretary of State