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SECRETARY OF STATE
TALLAHASSEE, FLORED

COVER LETTER

TO:	Registration Section Division of Corporation				
CUDT	· URC/II.	Carista	Inc.		
SUBJ	ECT:	Name of corporation	n - must include suffix	· ·	
Door S	Sir or Madam:				
Dears	on or wiadam.				
"Certif	ficate of Existence,"	by Foreign Corporation fo or "Certificate of Good Sta orporation to transact busin	anding" and check are sub-		
Please	return all correspon	dence concerning this matte	er to the following:		
	M	Name of	r, Ess.		
		Cavista Firm/Co	lnc.		
				28 3	
	9900	Majorca	PC.	<u> </u>	
		Add	ress		
	Boca	Raton FC City/State	33434	in the second	:ILED
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	Max.	Buruich Q H E-mail address: (to be used	otmail. com)	
		E-mail address: (to be used	for future annual report r	iotification) Similar (3)	
For fu	rther information co	ncerning this matter, please	call:		
M	x Burwic	K at (917 Area Co	716 -	6177	
	Name of Person	Area Co	de Daytime Telepi	hone Number	
	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Country Tallahassee, FL 3	on rations enter Circle	MAILING AI Registration Solvision of Co P.O. Box 6327 Tallahassec, F	ection orporations	
Enclos	sed is a check for the	following amount:			
\$7	0.00 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 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Orive Carista Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware (State or country under the law of which it is incorporated)

4. Delaware (State or country under the law of which it is incorporated)

4. Delaware (FEI number, if applicable)

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9900 MAJORCA 9C, Boca Ration FC 33434
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Max Burwick

9900 Majorca PC.

Boca Raton , Florida 33434

(City) (Zip code) Name: Office Address: 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.

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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
	>>
President: Max Burwich Address: 1900 Majorca PC.	
Boca Raton, FC 33434	آ ### ۱ (الحد ال
• • • • • • • • • • • • • • • • • • •	PG T
Vice President:	
Address:	<u> </u>
	·
Secretary: Jarred Stiger Address: 6417 Pearly St. Digeons (A 7013)	
Treasurer: Jamie Keelen	
Address: 1710 Hodson St. homesCA 70062	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers 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 at third degree felony as provided for in s.817.155, F.S.	artment of State constitutes
13. Max Burwick P	
(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 "CARISTA 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 FIFTEENTH DAY OF JUNE, A.D. 2016.

SECRETARY OF STATE
TAIL ADVANCED TO TOPPA

Authentication: 202493978

Date: 06-15-16

6047357 8300

SR# 20164303025

You may verify this certificate online at corp.delaware.gov/authver.shtml