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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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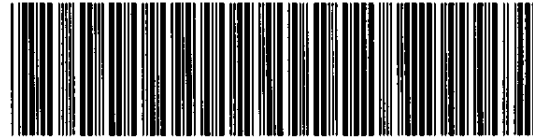
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TALLAHASSEE, FLORIDA

MAY 0, 2025

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations
Clervis, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Onix Hernandez

Name of Person
Clervis, Inc.

Firm/Company
14530 SW 176 Terrace

Address
Miami, FL 33177

City/State and Zip code
ohernandez@clervis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Onix Hernandez 305 6468513

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 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.*

Clervis, Inc.

1. _____
(Enter name of corporation; must include "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)

Delaware

82-0858817

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
05/16/2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
14530 SW 176 Terrace Miami Florida 33177

7. _____
(Principal office address)
14530 SW 176 Terrace Miami Florida 33177

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Onix Hernandez

Name: _____

14530 SW 176 Terrace

Office Address: _____

Miami

33177

(City)

, Florida _____
(Zip code)

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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.

(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Onix Hernandez

Chairman:

14530 SW 176 Terrace Miami Florida 33177

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Onix Hernandez

President:

14530 SW 176 Terrace Miami Florida 33177

Address:

Jorge Felix Hernandez

Vice President:

14530 SW 176 Terrace Miami Florida 33177

Address:

Onix Hernandez

Secretary:

14530 SW 176 Terrace Miami Florida

Address:

Onix Hernandez

Treasurer:

14530 SW 176 Terrace Miami Florida 33177

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.

Onix Hernandez

13.

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLERVIS, 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 THIRTEENTH DAY OF APRIL, A.D. 2017.



6043203 8300

SR# 20172496917

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202377383

Date: 04-13-17