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(Address)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certific	ates of Status
Special Instructions to	Filing Officer:	
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CHASSIT, FLORIDA

S. WARREN NOV 3 0 2017

COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT:	Within Corporation
	Name of corporation - must include suffix
Dear Sir or Madam:	ı
"Certificate of Existence."	by Foreign Corporation for Authorization to Transact Business in Florida," or "Certificate of Good Standing" and check are submitted to register the corporation to transact business in Florida.
Please return all correspond	idence concerning this matter to the following:
Within Corp	Name of Person Eration
12651 Wes	Name of Person Peration Firm/Company + Sunrise Blvd. Sunk 101-08 Sunrise F1 333333 Address
	City/State and Zip code ation @ gmail, com E-mail address: (to be used for future annual report notification)
	ncerning this matter, please call:
Adam Sael Name of Person	at (954) 372 - 5581 or 716-550-177. Area Code Daytime Telephone Number
STREET/COUR Registration Secti- Division of Corpo Clifton Building 2661 Executive C- Tallahassee, FL 3	Registration Section Division of Corporations P.O. Box 6327 enter Circle Tallahassee, FL 32314
Enclosed is a check for the	e following amount:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy

APPLICATION BY FÖREIGN 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.

ıWiH		Doration	
(Enter name of co		nclude "INCORPORATED," "COMPANY," "CORPORATION," or "Corp.")	
With	in Body		_
		ther alternate corporate name adopted for the purpose of transacting business in Florida	
2. New	lork St.	which it is incorporated) 3. +30304600 930 (?) EIN- 46-	-220120
4. March 4	th, 2013	5. (Date of duration, if other than perpetual)	_
(Date	of incorporation	(Date of duration, if other than perpetual)	
6			_
	(D (SEE SE	ate first transacted business in Florida, if prior to registration) CTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 12651 Wes	it Surise	Blvd. Suite 101-08, Sunrise Fl 33323	
		(Principal office address)	_
		(Current mailing address, if different) The prior of the	_
8. Name and stree	t address of Flo	grida registered agent: (P.O. Box NOT acceptable)	T F
Name:	Adam	Tumble stone C+ #638 City) Florida 33446 (Zip code)	
Office Address:	8089	Tumblestone Ct #638) 1
	Delray Bea	\mathcal{L} Florida 33996 $(7in code)$	•
9. Registered age	ent's accentanc	(Zip Code)	
Having been nam designated in this further agree to co	ed as registered application, I l omply with the	d agent and to accept service of process for the above stated corporation at the hereby accept the appointment as registered agent and agree to act in this ca provisions of all statutes relative to the proper and complete performance of	pacity. I
duties, and I am f	amiliar with an	id 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.

(Registered agent's signature)

11. Name:	s and business address	s of officers and/or directors:	
A. DIREC	۱ ۸ ۱		
Chairman:	Adam Sal	cher	
Address: _	8089 Tumb	plestone Ct apt 638	
_	Delray Beach	F1 33446	
Vice Chairn	nan: Fernanda	Graca	
	ľ	estere Ct apt 638	
		4 F1 33446	-
	′		· · ·
_			
Address: _			71
_	_		- 1
Director: _			27
Address: _			<u> </u>
-			္ က် ျ
B. OFFIC		S. S	r
	Adam Sa		
Address: _	8089 Tumble	estere Ct apt 638	
	Helray Beac	4 F/ 33446	
Vice Presid	ent: Fernanda	Graca	···
Address: _	8089 Tumb	Restore Ct apt 638	
_		4 F1 33446	
Secretary:			
Address: _	_		
Address: _			
	Fracecers, you may all	age an addendum to the application listing additional officers and/or di	
12.		and an addendum to the application listing additional officers and/or di	rectors.
14.		Signature of Director or Officer	
are true an	r or director signing thi d that he or she is awar tree felony as provided	s document (and who is listed in number 11 above) aftirms that the fact e that false information submitted in a document to the Department of S for in s.817.155, F.S.	s stated herein State constitutes
13	Adam So	- 	
	(Typed or	r printed name and capacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WITHIN CORPORATION was filled on 03/04/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of November two thousand and seventeen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State