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(R	equestor's Name)	 -		
(A	ddress)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2017

JESSE DEAN-KLUGER 1550 BISCAYNE BLVD, 2ND FLOOR MIAMI, FL 33132

SUBJECT: WEHPAH, INC. Ref. Number: W17000096588

We have received your document for WEHPAH, INC. and your check(s) totalings \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00024606

JAN 2.9 L.

www.sunbiz.org

Division of Compositions D.O. POV 6227 Tallahassas Florida 2221

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Mane of corporation - n	ust include suffix	
Dear Sir or Madam:	·		
"Certificate of Existent		horization to Transact Business in Flog" and check are submitted to register Florida.	
Please return all corres	pondence concerning this matter to	Kluger	
	Jesse Dean-	Kluser, P.A. AS	3 1
	550 Biscay		Two
	imi F Address City/State and 2	3/32	T C
	deald Con.	Up code	o'
For further information	concerning this matter, please call:		
EUR JUN Name of Person) an at (305) Area Code	787 - 0837 Daytime Telephone Number	
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	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 & S87.50 Filing Fee & Certificate of Certified Co	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. (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) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 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 offull 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
a. directors	
Chairman:	
Address:	
Vice Chairman:	
Address:	***
Discourse	,
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ANIAUS COMINO	1 1.5
Anilays Comino Address: 1680 Michigan Lucy, H Mimi Beach, F/33139	1016
Mini Beach, +1 33/39	
Vice President:	7A 201
Address:	<u> </u>
	N 2
Secretary:	To m
Address:	Figure 6
Treasurer:	======================================
Address:	
	1 11 d
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 1 is are true and that he or she is aware that false information submitted in a docu	
a third degree felony as provided for in s.817.155, F/S.	
13. <u>Anilays Canino</u>	12 - 2 - 3
(Typed or printed name and capacity of person signi	ng application)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "WEHPAH, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SECOND DAY OF MAY, A.D. 2017, AT 1:05 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

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

THE PARTY OF THE P

Authentication: 201948613

Date: 01-10-18

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