

FIB00000000S10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE
TALLAHASSEE, FLORIDA

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STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 1 2018

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
[REDACTED]

incserv

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
[REDACTED]
850.656.7953

REQUEST DATE 1/31/2018 **PRIORITY** Routine

OUR REF # (Order ID#) 626420

ORDER ENTITY
OPERA ENTERTAINMENT GROUP CORP

PLEASE PERFORM THE FOLLOWING SERVICES:
OPERA ENTERTAINMENT GROUP CORP (FL)

File the attached foreign qualification document

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

1. Opera Entertainment Group Corp
(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)

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

4. 05/30/2017 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 848 Brickell Avenue, Suite 300, Miami FL 33131
(Principal office address)

848 Brickell Avenue, Suite 300, Miami FL 33131
(Current mailing address, if different)

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

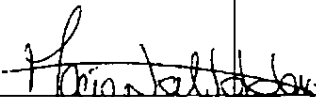
Name: Innovation Tax & Trust US LLC

Office Address: 848 Brickell Avenue, Suite 300

Miami, Florida 33131
(City) (Zip code)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Director: MARIA NOEL SOTOLANI
~~Vice Chairman:~~ _____

Address: Saldanha Da Gama ap 208, Montevideo-Uruguay

Director: ANDERSON JAVITE

Address: Chucarro N° 1061, ap 102, Montevideo-Uruguay

Director: IORELLA VACCA

Address: Ponce 1337, Montevideo-Uruguay

B. OFFICERS

President: MARIA NOEL SOTOLANI

Address: Saldanha Da Gama ap 208, Montevideo-Uruguay

Vice President: _____

Address: _____

Secretary: IORELLA VACCA

Address: Chucarro N° 1061, ap 102, Montevideo-Uruguay

Treasurer: ANDERSON JAVITE

Address: Chucarro N° 1061, ap 102, Montevideo-Uruguay

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. Maria Noel Sotolani, President

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

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STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OPERA ENTERTAINMENT GROUP CORP

FILE NUMBER: C4031113
FORMATION DATE: 05/30/2017
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 January 30, 2018.

Alex Padilla

ALEX PADILLA
Secretary of State

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SECRETARY OF STATE
CALIFORNIA