F1800000862

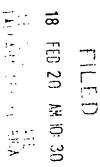
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400309282754

02/20/18--01023--022 **78.75



I LEGGETT

COVER LETTER

TO:	Registration Section Division of Corporations					
enoi	mafi America. h	ι ς.				
SUBI	ECI:	Name of corporati	on - mi	ist include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or referenced foreign corp	"Certificate of Good St	anding	" and check are sul	act Business in Florida." bmitted to register the	
Please Luke (return all corresponder	ce concerning this matt	er to th	e following:		
		Name c	f Perso	on		
Schum	ann Burghart LLP					
1500 1	Broadway, Suite 1902	Firm/Co	mpany			
New Y	ork, NY 10036	Ado	lress			
lgyure	@shuslaw.com	City/State	and Zi	p code		
	E-r	nail address: (to be used	for fu	ture annual report	notification)	
For fu	ther information conce	ming this matter, please	call:			
Luke Gyure 646			. 50	502-5872		
	Name of Person	Area Co	de / _	Daytime Telep	hone 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		
		<u>-</u>		.75 Filing Fee & tified 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. mali America, 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) (FEI number, if applicable) (State or country under the law of which it is incorporated) January 2, 2014 (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) 12800 US Highway One, 2nd Floor, Juno Beach, Florida 33408 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services. Inc. Name: 17888 67th Court North Office Address: Loxahatchee (City)

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.

Kathy Shin on behalf of InCorp Services, Inc.
(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. Nam	es and business addresses of officers and/or directors:
A. DIRI	ECTORS
Chairman	Fritz Fillafer
Address:	1500 Broadway, Suite 1902
, (00, 033.	New York, NY 10036
Vice Chai	irman:
Address:	
Director:	Heidrun Zerbs
	1500 Broadway, Suite 1902
	New York, NY 10036
Director	Christiane Lindner
Address:	1500 Broadway, Suite 1902
	New York, NY 10036
B. OFF	ICERS
President:	Florian Fillafer
Address:	1500 Broadway, Suite 1902
	New York, NY 10036
Vice Pres	ident:
Address:	
Secretary:	Heiko P. Meyenschein, Esq.
Address:	1500 Broadway, Suite 1902, New York, NY 10036
Treasurer	Florian Fillafer
Address:	1500 Broadway, Suite 1902, New York, NY 10036
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
are true a	signature of Director (i) Officer of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155. F.S. (ian Fillafer (President)



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

DELAWARE, DO HEREBY CERTIFY "MAFI AMERICA, 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 TWELFTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAFI AMERICA, INC." WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2014.

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

Salar Salar

Authentication: 202137029

Date: 02-12-18