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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY 10 PM 1:16

M. MILLIGAN  
MAY 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mofiler.IO Corp.

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:  
Ines Morales

Private Advising Group P.A.

Name of Person

600 Brickell Avenue STE 1725

Firm/Company

Miami, Florida 33131

Address

ines@pag.law

City/State and Zip code

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

For further information concerning this matter, please call:

Carolina Rincon

786

2921599

at ( )

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.*

1. Mofiler.IO 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)

Delaware

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

4. April 19th 2018 5. \_\_\_\_\_  
(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. 1000 Brickell Avenue STE 1725, Miami, Florida 33131  
(Principal office address)

918 NE 191 ST Miami, Florida 33179

(Current mailing address, if different)

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

Name: Bryan Tafel

Office Address: 918 NE 191 ST

Miami, Florida 33179  
(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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Bryan Tafel

Address: 1000 Brickell Avenue STE 1725, Miami, Florida 33131  
\_\_\_\_\_

Director: Lionel Tafel

Address: 1000 Brickell Avenue STE 1725, Miami, Florida 33131  
\_\_\_\_\_

**B. OFFICERS**

Bryan Tafel

President:

1000 Brickell Avenue STE 1725, Miami, Florida 33131

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Lionel Tafel

Secretary:

1000 Brickell Avenue STE 1725, Miami, Florida 33131

Address: \_\_\_\_\_  
\_\_\_\_\_

Lionel Tafel

Treasurer:

1000 Brickell Avenue STE 1725, Miami, Florida 33131

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.

Chief Executive Officer

13. \_\_\_\_\_

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

18 MAY 10 PM 1:16  
SECRET  
DIVISION OF CORPORATE REGISTRATION  
STATE OF FLORIDA

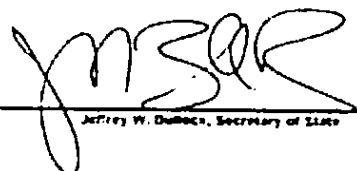
# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MOFILER.IO CORP." 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 EIGHTH DAY OF MAY, A.D. 2018.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20183444954

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202650441

Date: 05-08-18