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To:

Division of Comperations

Fax Number : (950:617-6363

Fram:

Associat Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Phone : (302)645-1250 Fax Number

\*\*Enter the email address for this business entity to be used i

annual report mailings. Enter only one email address please Email Address: andreas.becker@releezer.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Releezer Inc.

Certificate of Status 0 Certified Copy Page Count G. \$78.75 Estimated Charge

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O SIMMONS

AUS 1 : 2018

(((H180002327223)))

## 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.

Releezer Inc.				
(Enter name of con "Inc.," "Co.," "Co	poration; must include "INCORPOR p." "Inc." "Co." or "Corp.")	tated," "Ct	)MPANY," "CORPORATION."	
(If name unavailab	ole in Florida, enter alternate corpora	ite nume adopt	ed for the purpose of transacting l	nusiness in Florida)
		5. (FEI number, if applicable)		
6.7.3.4.36.10				
4. Date	al incorporation)	<del></del> 5	(Date of duration, if other than (expetual)	
6				<u> </u>
	(Date first transacted by (SEF SECTIONS 607.1501	usiness in Flo & 607.1502.	rida, if prior to registration) <sup>2</sup> .S., to determine penalty liability	
	nue, Suite 1800, Miami, FL-33131			三型 至
/·		(Principal o	Tiee address)	Togged T
	(Curr	ent mailing ad	dress, if different)	
8. Name and stree	<u>t address</u> of Florida registered ago	ent: (P.O. B	ox NOT acceptable)	
Name:	Registered Agents Inc.		_	
Office Address:	3030 N. Rocky Point Dr., STE 15	0A		
Office Address.	Татра			
	(City)		(Zip code)	
designated in this	ed as registered agent and to acc application, I hereby accept the omply with the provisions of all familiar with and accept the oblig	appointmen statutes rela	t as registered agent and agretive to the proper and complete position as registered agent.	re to act in this cupacity. The performance of my

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.

## (((H18000232722 3)))

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

A. DIRI	ECTORS	
Chairman		
Address:		
Vice Chai	rman:	
Address:		
Director:	Andreas Becker	
Address;	Akad, Atanas Beshkov 13, 9010 Varna, Bulgaria	
N:	Nadja Atwał	o =
Director:	650 W. 42nd Street. Suite 625, New York, NY-10036	
B. OFF	ICERS	
President	Andreas Becker	10000000000000000000000000000000000000
	Akad, Atanas Beshkov 13, 9010 Varna, Bulgaria	8 L
	Nadja Atwal	
Vice Pres	650 W, 42nd Street, Suite 625, New York, NY-10036	
Address:		
Secretary	Nadja Atwal	
Address:	650 W, 42nd Street, Suite 625, New York, NY-10036	
Treasure	Andreas Becker	
Address:	Akad, Atanas Beshkov 13, 9010 Varna, Bulgaria	
	If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
12	Signature of Director or Officer	
are true	cer or director signing this document (and who is listed in number 11 above) aff and that he or she is aware that false information submitted in a document to the egree felony as provided for in s.817.155. F.S.	
13. An	lreas Becker, CEO & President	·····
-	(Typed or printed name and capacity of person signing application	ion)

(((H180002327223)))

Additional Officers

CEO:

Andreas Becker, Akad. Atanas Beshkov 13, 9010 Varna, Bulgaria

PR & Marketing:

Nadja Atwał, 650 W. 42nd Street, Suite 625, New York, NY-10036

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

DELAWARE, DO HEREBY CERTIFY "RELEEZER 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 NINTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELEEZER INC."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2018.

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

6900139 8300 SR# 20186092916

You may verify this certificate online at corp.delaware.gov/authver.shtml

(((H18000232722 3)))

Jeffrey W Busings, Secretary of State

Authentication: 203219164

Date: 08-09-18

Ø0002/0006



August 10, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: RELEEZER INC. REF: W18000072614

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

SIGNATURE IS TOO LIGHT TO READ,

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

Octavia L Simmons Regulatory Specialist III Registration Section FAX Aud. #: H18000232722 Letter Number: 318A00016513

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