F18000004331

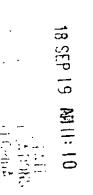
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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O SIMMONS SEP 2 0 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

ACCOUNT NO. : 12000000195						
REFERENCE : 373810 7657945						
AUTHORIZATION : Spelle Ble man						
COST LIMIT : \$(87.50						
ORDER DATE : September 4, 2018						
ORDER TIME : 10:02 AM						
ORDER NO. : 373810-001						
CUSTOMER NO: 7657945						
FOREIGN FILINGS						
NAME: PROMAZO INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PROMAZO Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Coca Astey	
Name	e of Person
PROMAZO Inc.	
Firm/	Company
1251 N Eddy St, Ste 200	
A	ddress
South Bend, IN, US, 46617-1478	
City/Sta	ate and Zip code
Coca@Promazo.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
Brett Hummel at (245-9965
Name of Person A	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	MAILING ADDRESS: New Filing 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	Status & 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	PROMAZO Inc.					
(Enter name of colline.," "Co.," "Co	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp.")	D,'	" "COMPANY," "CORPORATION,"		
	If name unavailat	ole in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting business in Florida)		
2.	Delaware		3.			
۷٠ -	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4.	12-28-2010		5	Perpetual		
4.	(Date o	of incorporation)	٥.	(Duration: Year corp. will cease to exist or "perpetual")		
6.						
/		(SEE SECTIONS 607.1501 & 601 Hwy,Suite 291, Boca Raton,FL , 3343 (Principal office a	7.1 32, add	dress)		
(Current mailing address)						
8.	Name and street	address of Florida registered agent: (Ρ.	O. Box <u>NOT</u> acceptable)		
	Name:	Corporation Service Company				
Off	fice Address:	1201 Hays Street				
		Tallahassee		32301 , Florida		
		(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.

Corporation Service Company

By: Roxanne Turner Asst. Vice President

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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Coca Astey 1199 S. Federal Hwy, Suite 291 Vice Chairman: _____ Address: _ Director: 1199 S. Federal Hwy, Suite 291, Boca Raton, FL 33432 **Brett Hummel** Director: 1199 S. Federal Hwy, Suite 291, Boca Raton, FL 33432 Address: B. OFFICERS **Brett Hummel** President: 1199 S. Federal Hwy, Suite 291, Boca Raton, FL 33432 Vice President: Coca Astey Secretary: 1199 S. Federal Hwy, Suite 291, Boca Raton, FL 33432 Address: Brett Hummel Treasurer: 1199 S. Federal Hwy, Suite 291, Boca Raton, FL 33432 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. Coca Astey, CEO & Chairman

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROMAZO, 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 THIRTEENTH DAY OF SEPTEMBER, 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 "PROMAZO, INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2010.

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

Authentication: 203413319

Date: 09-13-18