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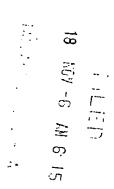
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
,			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office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



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Attn: Octazia Simmons

Subject: Wrong Date On Form.

Hello Octazia,

I would like to inform that WatchFacts have not transacted business in the state of Florida. The date on the form is there by mistake.

Very best,
Nawel

(UIB KOY-6 Pil 4: 19

COVER LETTER

TO: Registration Section Division of Corporations				
File Foreign Entity SUBJECT:				
	me of corporatio	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certifiabove referenced foreign corporation	icate of Good Sta	inding" and check are sul		
Please return all correspondence cond Nawel kiram	cerning this matte	er to the following:		
Watchfacts	Name o	i Person		
169 E Flagler ST 1518	Firm/Co	mpany		
Miami, FL 33131	Add	ress		
nkiram@watchfacts.com	City/State	and Zip code	· · · · · · · · · · · · · · · · · · ·	
E-mail add	lress: (to be used	for future annual report	notification)	
For further information concerning th	nis matter, please	call:		
Nawel Kiram	786	7975705		
Name of Person	at (Area Co	de Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following	amount:			
	Filing Fee & ate of Status	S78.75 Filing Fee & Certified Copy	S87.50 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. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Ço," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. De knivace 3. 46 39 42 984 (FEI number, if applicable) 4. 10-33-9013
(Date of incorporation)

6. 10 193 | 2013
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 169 E Flagler St, 1518 Miami FL 33131 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Hiami Beach, Florida 33139
(City) (Zip code) Office Address: 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 Asmy position as registered agent.

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:	·-	
Address:		
·		
Vice Chairman:		
Address:		
Director:	<u> </u>	
Address:		
Director:		ú
Address:		E)
		62
B. OFFICERS		=
President: Ohn	ormier	· · · · ·
Address: 169 E Flagler 5	t, 1518	ज्ञ जी
Miami, 72 3313	1	
Vice President: Name 1 Cira		
Address: 169 E Flagler St,	1518	
Miami FL 33131		
Secretary:		
Address:		
Treasurer:	<u> </u>	
Address:		
NOTE: If necessary, you may anach an addendum to	the application listing additions	l officers and/or directors.
12		
The officer or director signing this document (and who are true and that he or she is aware that false informatia third degree felony as provided for in s.817.155, F.S.	ion submitted in a document to the	ffirms that the facts stated herein he Department of State constitutes
13. Nawel Kiram	apacity of person signing applica	ation)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WATCHFACTS, 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 TENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATCHFACTS,

INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D.

2013.

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

Authentication: 203584463

Date: 10-10-18