F19000001160

(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:
Cest W19-16366

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02/07/19--01010--016 **78.75

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SECRETARY OF STATE

PAGE ANALYSIS OF STATE

PAGE A

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INPICNIC Corporation	
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:	
Baruh tchira Name of Person	
^	-
INPICNIC COrporation	_
Firm/Company	_
1660 NW 95th AVE	_
Osval, fl 33172 City/State and Zip code	
City/State and Zip code	-
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Barch Tchira a (305, 49806/7	
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status □ \$87.50 Filing Fee, Certified Copy Certified Copy	; &



February 18, 2019

BARUH TCHIRA 1660 NW 95TH AVE DORAL, FL 33172

SUBJECT: INPINIC CORPORATION

Ref. Number: W19000016366

We have received your document for INPINIC CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 019A00003492

www.sunbiz.org

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," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Wyoming 3. 833003602

(State or country under the law of which it is incorporated)

4. O1/02/2019 5. (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) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 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 of my 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Oval, FC Vice Chairman: Address: Director: ___ Address: _______ Director: _ B. OFFICERS Vice President: Secretary: Address: ______ Treasurer: _____ Address: _____ 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 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.

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

13. _____

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

INPICNIC CORPORATION

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **January 2**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000835018**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of March, 2019 at 10:47 AM. This certificate is assigned 030095622.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.