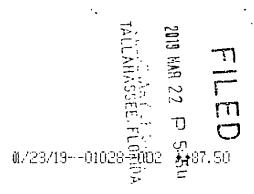
F19000001458

(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



300323212153





January 30, 2019

FILIPPO MARINO 429 LENOX AVE #531 MIAMI BEACH, FL 33139

SUBJECT: SAFE-ESTEEM, INC Ref. Number: W19000009768 All MA 22 P 5: 5"
WALLAND'S SECTORIO

We have received your document for SAFE-ESTEEM, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 719A00002196

RECEIVED

MAR 2 2 2019

COVER LETTER

TO:	Registration Section Division of Corpora				
SHRI	Safe-esteem, li JECT:	oc			
3010		Name of corporat	ion - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence," o	y Foreign Corporation fr "Certificate of Good S poration to transact bus	tanding"	and check are subn	
	return all corresponde o Marino	ence concerning this ma	tter to the	e following:	
Safe-e	steem. Inc	Name	of Persor	1	MA 22
429 Le	enox Ave., #531	Firm/C	ompany	-	
Miami	Beach, FL 33139	Λd	dress		5
info@	safe-esteem.com	City/State	e and Zip	code	
	E	-mail address: (to be use	d for fut	ure annual report no	tification)
For fu	rther information conc	erning this matter, pleas	se call:		
Filippo Marino		312	48	488-9776	
	Name of Person	at (Area C	ode	Daytime Telepho	one Number
	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 323	ions er Circle		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclos	sed is a check for the f	ollowing amount:			
☐ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified 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.

	orporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		_
Safe-e, Inc				
(If name unavaila	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting bu	usiness in Florida)	_
Delaware 2.	Delaware 83-3193929			
January 9, 2019	e or country under the law of which it is incorporated) (FEI number, if applica ary 9, 2019			_
(Date	(Date of incorporation) 5. (Date of duration, if other than			
6	(Date first transacted business in F		291 EVI	
429 Lenox Ave.,	2010 MAR 2.2			
, <u> </u>	(Principal	office address)	D 5: 51	
	(Current mailing address, if different)			
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Fabio Visconti			
Office Address:	429 Lenox Ave., Suite 552			
	Miami Beach	33139 . Florida		
	(City)	(Zip code)		
designated in this	Miami Beach (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rei	e of process for the above stated co ent as registered agent and agree t	to act in this cap	acity

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.

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

	ECTORS Filippo Marino		
	1754 Meridian Ave., #502		<u> </u>
Address:	Miami Beach, FL 33139		
Vice Chair	rman:		
Address:			
_			
Director:			
Address:			
Director:		2 819	
		MAR	1 1
radicss.		22 SSE	garage and
B. OFFI	ICERS Filippo Marino	D 5: 5	Ü
	1754 Meridian Ave., #502, Miami Beach, FL 33139	<u> </u>	
Address.			
Vice Presi	dent:		
	Gretchen Marino		
Secretary:			
Address: _ Treasurer:	Van Wilberding		· · · · ·
	1200 Brickell Bay Dr., Apt. 1620, Miami, FL 33131		
	If necessary, you may attach an addendum to the application listing additional office	ers and/or direc	tors.
are true at a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms nd that he or she is aware that false information submitted in a document to the Deparee felony as provided for in s.817.155, F.S.		
13. Filipp	po Marino, President		

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

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SAFE-ESTEEM, 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 EIGHTEENTH DAY OF MARCH, A.D. 2019.

Authentication: 202463589

Date: 03-18-19

5723553 8300 SR# 20191390690