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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0977
Fax Number : (845) 818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
EDLOGICAL GROUP CORP**

Certificate of Status	0
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JUL 22 2019

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.

EDOLOGICAL GROUP CORP

1. _____
(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. California 3. 45-3759199
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/21/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1990 Main Street, #750, Sarasota, FL 34236
(Principal office address)

(Current mailing address, if different)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Vcorp Services, LLC
5011 South State Road 7, Suite 106

Office Address: _____
Davie, Florida 33314
(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.



(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.

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

A. DIRECTORS

Chairman: Hector Valentin
1990 Main Street, #750.
 Address: Sarasota, FL 34236

Vice Chairman: Sarah Valentin
1990 Main Street, #750.
 Address: Sarasota, FL 34236

Director: Hector Valentin
1990 Main Street, #750
 Address: Sarasota, FL 34236

Director: Sarah Valentin
111 West Ocean, Blvd, 4th Floor
 Address: Long Beach, Ca 90802

B. OFFICERS

President: Hector Valentin
1990 Main Street, #750.
 Address: Sarasota, FL 34236

Vice President: Sarah Valentin
1990 Main Street, #750.
 Address: Sarasota, FL 34236

Secretary: _____
 Address: _____

Treasurer: _____
 Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Hector Valentin
 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.

13. Hector Valentin President/CEO
 (Typed or printed name and capacity of person signing application)

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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EDLOGICAL GROUP CORP

FILE NUMBER: C3430926
FORMATION DATE: 11/21/2011
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 17, 2019.

ALEX PADILLA
Secretary of State