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**DATE: 8/1/19**

**NAME: VIEWN INC.**

**TYPE OF FILING: APPLICATION**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
ViewN Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Areyca Lila

\_\_\_\_\_  
Name of Person  
ViewN Inc.

\_\_\_\_\_  
Firm/Company  
3340 NE 190 St., Apt 401

\_\_\_\_\_  
Address  
Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip code  
areeya.lila@viewn.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anibal Manzano                      786                      785-1699  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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       \$78.75 Filing Fee & 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.

ViewN Inc.

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) Delaware

2. (State or country under the law of which it is incorporated) July 31, 2019 3. (FEI number, if applicable)

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3340 NE 190 St., Apt 401, Aventura, FL 33180

7. (Principal office address) 3340 NE 190 St., Apt 401, Aventura, FL 33180

(Current mailing address, if different)

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

Name: 3340 NE 190 St., Apt 401

Office Address: Aventura, Florida 33180 (City) (Zip code)

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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. 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.

(Handwritten signature)

(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:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Areeya Lila

Director: \_\_\_\_\_

3340 NE 190 St., Apt 401

Address: \_\_\_\_\_

Aventura, FL 33180

Roberto Landrau

Director: \_\_\_\_\_

3340 NE 190 St., Apt 401

Address: \_\_\_\_\_

Aventura, FL 33180

**B. OFFICERS**

Areeya Lila

President: \_\_\_\_\_

3340 NE 190 St., Apt 401

Address: \_\_\_\_\_

Aventura, FL 33180

Roberto Landrau

CFO: \_\_\_\_\_

3340 NE 190 St., Apt 401

Address: \_\_\_\_\_

Aventura, FL 33180

Areeya Lila

Secretary: \_\_\_\_\_

3340 NE 190 St., Apt 401, Aventura, FL 33180

Address: \_\_\_\_\_

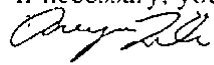
Areeya Lila

CEO: \_\_\_\_\_

3340 NE 190 St., Apt 401, Aventura, FL 33180

Address: \_\_\_\_\_

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

12.  \_\_\_\_\_  
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.

Areeya Lila, CEO

13. \_\_\_\_\_

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

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FILED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIEWN 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 FIRST DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIEWN INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7540101 8300

SR# 20196274479

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203328241

Date: 08-01-19