# F19000004044

(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



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**SEP** 0 4 2019 **M.** SOLOMON



August 20, 2019

CAREY LEARY ANTHONY L.G., PLLC 625 N. FLAGLER DRIVE, SUITE 600 WEST PALM BEACH, FL 33401

SUBJECT: B3RIBLOCK INC. Ref. Number: W19000077181

We have received your document for B3RIBLOCK INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

RECEIVED

Letter Number: 619A00017185

AUG 3 0 2019

### **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
CUDII	B3riblock Inc.				
SOBIL	ECT:Name	of comoration	- must include suffix		
	rune	or corporation	mast metade summ		
Dear Si	r or Madam:				
"Certifi	closed "Application by Foreign C icate of Existence," or "Certificate referenced foreign corporation to	e of Good Stan	ding" and check are sub		
Please : Carey L	return all correspondence concerr wary	ning this matter	to the following:		
		Name of I	Person		
Anthon	y L.G., PLLC				
		Firm/Com			
625 N. I	Flagler Drive, Suite 600	THECOM	pany		
		Addre	ss		
West Pa	ilm Beach, FL 33401				
-	<del></del>	City/State ar	ıd Zip code		
Luisa@	rokk3r.com	-	•		
	E-mail addres	s: (to be used f	or future annual report	notification)	
			·	,	
For fur	ther information concerning this r	natter, please c	all:		
Carey I.	eurv	561	433-6224		
		at (	_)		
	Name of Person	Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a check for the following an	iount:			
☐ \$70	.00 Filing Fee	_	\$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

	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in I	Florida)
Delaware	83-2268336	•
(State or count) 10/15/2018	y under the law of which it is incorporated)  Perpetual  5.	
(Date	of incorporation) (Date of duration, if other than perpetual	l)
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
121 NW 2ND A	VENUE #203, Miami, FL 33127	".
	(Principal office address)	
	(Principal office address)	
	(Principal office address)  (Current mailing address, if different)	
	· · · · · · · · · · · · · · · · · · ·	<del></del>
Name and stre	· · · · · · · · · · · · · · · · · · ·	
Name and <u>stre</u> Name:	(Current mailing address, if different)	
	(Current mailing address, if different)  et address of Florida registered agent: (P.O. Box NOT acceptable)	e- :
Name:	(Current mailing address, if different)  et address of Florida registered agent: (P.O. Box NOT acceptable)  Corporate Creations Network Inc.	

#### 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.

Ryan Sullivan, Special Secretary

(Registered agent's signature)

 $11. \ \ Names \ and \ business \ addresses \ of officers \ and/or \ directors;$ 

	CTORS German Montoya
	2121 NW 2nd Avenue, #203
Address:	Miami, FL 33127
Vice Chai	rman:
Address:	
Director:	
Director:	* . 28
	# 28 # <b>A</b>
	් භ <u>jw</u> ; ය
B. OFFI	Carlos Escobar
	2121 NW 2nd Avenue, #203
Address:	Miami, Fl. 33127
Vice Presi	dent:
Address:	
Secretary:	
_	
Treasurer:	
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein nd that he or she is aware that farse information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
13	CARLOS ESCOBAR

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "B3RIBLOCK 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B3RIBLOCK INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2018.

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



Jeffrey VI Bullisch, Secretary of State

Authentication: 203478523