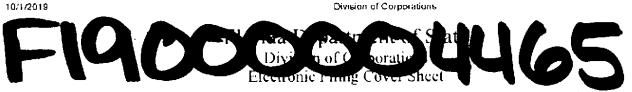
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002927583)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Bequest, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,178.75

Help

DocuSign Envelope ID. CA886E89-8A82-49BA-B643-F30329711C9E

## 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. Bequest, Inc. l. (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

(State or country under the law of which it is incorporated) 3. (FEI number, if applicable) April8,2015 5. (Date of duration, if other than perpetual) (Date of incorporation) April8,2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607-1501 & 607-1502, F.S., to determine penalty liability) 8724SunsetDr., Unit169, Mianti, FL33173 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation. 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. C T Corporation System (Registered agent's signature)

<sup>10.</sup> 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.

DocuSign Envelope ID: CA886E89-8A82-49BA-B643-F30329711C9E

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

A. DIRI	ECTORS			
Chairman	N/A :			
Address:				
			<u></u>	
Vice Chai	N/A irman:	<del></del>		
Address:				
Director:	EliamMedina		_	
Address:	8724SunsetDr.,Unit169			
	Miami,FL33173			
Director:	JeffFagnan			
Address:	8724SunsetDr.,Unit169			
	Miami,F1.33173		_	
B. OFF	ElianuMedina		r~3	
	8724SunsetDr.,Unit169		1610	·· =q
Address:	Miami,FI.33173		53	
Vice Pres	N/A sident:			
Address:		<u> </u>		<u>)                                    </u>
			.2	
Secretary				
Address:	8724SunsetDr., Unit169, Mianii, FL33173			<del>-</del> _
Treasure				
Address:	8724SunsetDr., Unit169, Miami, FL33173			
NOTE:	If necessary, you may attach an addendum to the application listing additional office	ers and/or	directors.	
12.	Eliam Medica Signature of Director or Officer		<del></del>	
are true a third d Etii	cer or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Dep egree felony as provided for in s.817.155, F.S. amMedina, Chieff recutive Officer	that the fa artment o	icts stated f State co	l herein nstitutes
13.				



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BEQUEST, 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 OCTOBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203701876

Date: 10-01-19

5724867 8300 SR# 20197317519

You may verify this certificate online at corp.delaware.gov/authver.shtml