FIGURSH

| (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: | | | | |
| 2nd Rojet W190000633324 | | | | |
| W198000634d4 | | | | |
| | | | | |
| cert/cap W19000057756 | | | | |

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORINA





2019 BOT -8 PH 2:52

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2019

EMMANUEL SOTO 7735 NW 79TH AVE. TAMARAC, FL 33321

SUBJECT: ALETE, INC.

Ref. Number: W19000063224

We have received your document for ALETE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

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.

Yvette Scott Document Specialist II

Letter Number: 119A00013940

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: Alete. Inc. | | |
| Name of corporat | ion - must include suffix | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation to "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus | standing" and check are subm | |
| Please return all correspondence concerning this ma | tter to the following; | 7019 OCTALLA |
| Name Emmanuel Soto | of Person | INRICO NASSEE |
| Firm/C Alete, Inc | ompany | H 3: 34 FLORID |
| 7735 NW 79th AVE, Tamarac, Fl 33321 | ldress | A |
| City/Stat Emmanuel@alete.co | e and Zip code | |
| E-mail address: (to be use | ed for future annual report no | etification) |
| For further information concerning this matter, pleas | se call: | |
| Emmanuel Soto at (954 | -) 459 - 5347 | |
| Name of Person Arca C | | one Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL | etion porations |
| 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.

| Ì. | Alete, Inc. | | | | | |
|----|--|--|--------------------------------------|---------------|----------------|------------|
| | (Enter name of country "Co.," "Co.," "Co.," "Co.," | corporation: must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.") | COMPANY," "CORPORATION | V. " | | |
| | | | | | | |
| | (If name unavail | lable in Florida, enter alternate corporate name add | opted for the purpose of transacting | ıg busine | ess in Flo | orida) |
| 2. | Delaware | 3 | | | | |
| | (State or counti | ry under the law of which it is incorporated) | (FEI number, if ap | plicable |) | |
| 4. | 5/23/2019 | 5 | | 7 | ~2 | |
| | (Date | e of incorporation) | (Date of duration, if other | เมื่อกากย | | |
| 6. | _ | | | AH/ | OCT | 77 |
| | | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 | orida, if prior to registration) | SS | -8 | Ī |
| | | (SEE SECTIONS 607.1501 & 607.1502 | . F.S., to determine penalty habil | | PH | |
| 7. | 7735 NW 79th A | VE, Tamarac, Florida, 33321 | | <u> </u> | <u>.</u> | <u> []</u> |
| | | (Principal | office address) | TATE DRIDA | <u>း</u> မှ | |
| | | (Current mailing a | address, if different) | | | |
| | | | | | | |
| 8. | Name and stree | et address of Florida registered agent: (P.O. I | Box NOT acceptable) | | | |
| | Name: | Lydia Arvelo | _ | | | |
| Οſ | fice Address: | 12555 orange drive, suite 104 | _ | | | |
| | | | . Florida <u>33330</u> | | | |
| | | (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.

| 11. Names and business addresses of officers and/or directors: |
|---|
| A. DIRECTORS |
| Chairman: Emmanuel Soto |
| Address: 7735 NW 79th AVE, Tamarac, Florida, 33321 |
| |
| Vice Chairman: Anthony Soto V |
| Address: 7735 NW 79th AVE, Tamarac, Florida, 33321 |
| |
| Director: |
| Address: |
| νν. α · · · · · · · · · · · · · · · · · · · |
| |
| |
| Address: |
| B. OFFICERS |
| |
| |
| Address: 7735 NW 79th AVE, Tamarac, Florida, 33321 |
| |
| Vice President: Anthony Soto 1 |
| Address: 7735 NW 79th AVE, Tamarac, Florida, 33321 |
| |
| Secretary: |
| Address: |
| Treasurer: |
| Address: |
| NOTE: If paragraps you may attack an added done to the analysis of Various date: 1.00 1.00 1.00 |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 1) above) affirms that the facts stated herein |
| Signature of Director or Officer The officer as director significant this department (and other in Fixed in the Indian Company). |
| 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. EMMANUEL SOTO - Resident (Typed or printed name and capacity of person signing application) |
| (Typed or printed name and capacity of person signing application) |



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

DELAWARE, DO HEREBY CERTIFY "ALETE 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 FIFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALETE INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2019.

2019 OCT -8 PM 3: 34 SECRETARY OF STATE

Authentication: 203282674

Date: 08-05-19