F14000005066

(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



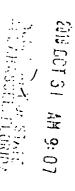
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10/10/13--01017--031 **78.75

T. CLINE

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EXAMINER





October 22, 2019

IMRE BORSANYI CPA 1001 BRICKELL BAY DR, STE 1200 MIAMI, FL 33131

SUBJECT: WELLIS USA INC. Ref. Number: W19000093439

We have received your document for WELLIS USA INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 019A00021730

28 CCT 31 AM 9: 07

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporatio	ns					
Wellis USA Inc.						
SUBJECT:	Name of corporat	ion - mus	t include suffix			
Dear Sir or Madam:						
The enclosed "Application by "Certificate of Existence," or "above referenced foreign corpo	Certificate of Good S	Standing"	and check are sub			••
Please return all correspondent	e concerning this ma	tter to the	following:			
Imre Borsanyi CPA						
	Name	of Persor				•
Imre Borsanyi CPA PA						
	Firm/C	Company			-	
1001 Brickell Bay Dr. Ste 1200						
	Ad	ldress		•	•	
Miami, FL 33131						
	City/Stat	e and Zip	code	- ·		
timea@ib-cpa.com						<u>~</u> 3.
E-m	ail address: (to be use	ed for fut	ire annual report r	notification)	:	है। इ
For further information concer	ning this matter, pleas	se call:				130
Timea Barrack	305	48	2-1975 Ext 5		l. :-:	(ب
Name of Person	at (Daytime Telep	Ni		A
Name of Person	Alea C	loge	Dayume Tetepi	none ivamber	जिल्हा धर्म १८३५	AH 9: 07
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ns · Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Enclosed is a check for the foll	owing amount:					
	78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	S87.50 F Certific Certific	ate of St	

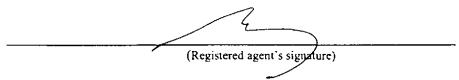
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)
Delaware	84 3.	4-2992504	
(State or countr 08/01/2019	y under the law of which it is incorporated)	(FEI number, if app	
(Date	of incorporation) 5.	(Date of duration, if other th	nan perpetual)
	Brickell Bay Dr. Ste 1200, Miami, FL 33131 (Principal	office address)	
	(Current mailing a	address, if different)	NOCT NOCT
. Name and stree	et address of Florida registered agent: (P.O. I Imre Borsanyi CPA	Box <u>NOT</u> acceptable)	3 3 4 7
Office Address:	1001 Brickell Bay Dr, Ste 1200	_	9: 07 3: 13 11: 13:
	Miami	33131 , Florida	
	(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.



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:	
Director:	
Address:	
Directors	
Director:	
Address:	
B. OFFICERS	
Akos Czafik	63
President: C/O IBCPA 1001 Brickell Bay Dr. Ste 1200, Miami, Fl. 33431	
Address:	<u> </u>
	<u> </u>
Vice President:	- 7.0 - 7.0 - 7.0
Address:	
	三·二·二
Secretary:	
Address:	
Freasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors
12.	orricals and or directors,
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) aff are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	Firms that the facts stated herein Department of State constitutes
13. Akos Czatik	
(Typed or printed name and expanity of person signing applicati	i des l

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

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

	corporation; must include "INCORPORATED." Corp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORATION."	
If name unavai	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	s in Florida)
Delaware	3	84-2992504	
	3. ry under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	5. e of incorporation)	(Date of duration, if other than perp	etual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 I Brickell Bay Dr. Ste 1200, Miami, FL 33131	22. F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.150 1 Brickell Bay Dr. Ste 1200, Miami, FL 33131 (Principal)	02. F.S., to determine penalty liability) I office address)	
	(SEE SECTIONS 607.1501 & 607.150 1 Brickell Bay Dr. Ste 1200, Miami, FL 33131 (Principal)	22. F.S., to determine penalty liability)	(he; *
	(SEE SECTIONS 607.1501 & 607.150 1 Brickell Bay Dr. Ste 1200, Miami, FL 33131 (Principal)	D2, F.S., to determine penalty liability) I office address) address, if different)	
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1501 brickell Bay Dr. Ste 1200, Miami, FL 33131 (Principal (Current mailing et address of Florida registered agent: (P.O.)	D2, F.S., to determine penalty liability) I office address) address, if different)	7.
Name and <u>stre</u>	(SEE SECTIONS 607.1501 & 607.1501 brickell Bay Dr. Ste 1200, Miami, FL 33131 (Principal (Current mailing et address of Florida registered agent: (P.O. Imre Borsanyi CPA) 1001 Brickell Bay Dr. Ste 1200	D2, F.S., to determine penalty liability) I office address) address, if different)	A STANSEL FLOWER

(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.

A. DIRECTORS Chairman: Address. Vice Chairman: ___ Address: ___ Director: Address: __ Director: _ **B. OFFICERS** Akos Czalik President: C/O IBCPA 1001 Brickell Bay Dr. Ste 1200, Miami, Fl. 33131 Address: 🔔 Vice President: _____ Address: ____ Secretary: Address: _ ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 \$.817.155, F.S. 13. Akos Czafik (Typed or printed name and capacity of person signing application)

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WELLIS USA, 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 SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLIS USA, INC." WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2019.

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



Authentication: 203708067

Date: 10-02-19