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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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ncorporating Services, Ltd.

.540 Glenway Drive Fallahassee, FL 32301 350.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 12/30/2019

PRIORITY Routine

OUR REF # (Order ID#) 797071

ORDER ENTITY

CARACTER INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CARACTER INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: corina.almagro@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 30, 2019 Page 1 of 1

2017.01.00 00.110.00

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 unavai)	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busi	iness in Florida)
DELAWARE			
(State or count	3	(FEI number, if applicab	ole)
5/10/2019	5		
(Date	of incorporation) 5	(Date of duration, if other than p	erpetual)
			_
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
199 Ocean Lane	Drive, Apt 1101. Key Biscayne, 33149. FL	zer and to determine politics	
	(Principal office	: street address)	<u> </u>
	(Current mailing	address, if different)	
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	CORINA ALMAGRO GUERRA		59.13 B
Name:	199 Ocean Lane Drive, Apt 1101.		
fice Address:	199 Ocean Lane Drive, Apr 1101.	<u>—</u>	ည
	Key Biscayne	, Florida	C)
	(City)	(Zip code)	<u>.</u> :

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS CORINA ALMAGRO GUERRA CORINA ALMAGRO GUERRA ■ Chairman □Chairman 199 Ocean Lane Drive, Apt 1101. 199 Ocean Lane Drive, Apt 1101. Address: □ Vice Chairman Address: □ Vice Chairman Key Biscayne, 33149, FL Key Biscayne, 33149, FL □ Director □ Director □President □ President ☐ Vice President □Vice President ___ _ □ Secretary □ Treasurer □ Secretary ■ Treasurer □Other ______ □Other ____ ☐Other _____ □Other _____ Name: _____ ☐ Chairman □ Chairman Address: _____ □Vice Chairman Address: ______ ☐ Vice Chairman □ Director □ Director □ President □ President □Vice President ☐ Vice President □Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other __ □Other _____ □Other _____ 5167 Name: Chairman Name: _____ □ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: _____ □Director Director $\overline{\Box}$ □President □President □Vice President ___ ___ □ Vice President ☐Treasurer □Treasurer □ Secretary □ Secretary ☐ Other _____ □Other _____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. CORINA ALMAGRO GUERRA, CARACTER INC. CEO

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

DELAWARE, DO HEREBY CERTIFY "CARACTER 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 THIRTIETH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARACTER INC."
WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D. 2019.

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

2919 P. 30 Kill 21

Authentication: 204316535

Date: 12-30-19