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2019 DEC 13 PH 1: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

_	ion of Corporations				
SUBJECT:	Minus Way, Inc.				
	Name o	f corporation	- must include suffix		
Dear Sir or M	adam;				
"Certificate o above referen	f Existence," or "Certificate of ced foreign corporation to tra- all correspondence concerning	of Good Stand ansact busines		register t	ida 2019 DEC 13
M. W. T		Name of I	Person	338	
Minus Way, In	c. 		,	-	PH
1031 Ives Dair	y Road Suite 228	Firm/Com	pany	GRIDA	. [5
	· · · · · · · · · · · · · · · · · · ·	Addre	SS		
Miami, Florida	33179				
		City/State ar	nd Zip code		
jjayma@gmail					
	E-mail address:	(to be used for	or future annual report notification	m)	
For further int	formation concerning this ma	itter, please ca	ill:		
Anthony Horga	un T	213 u (785-7855 ext 2		
Name	e of Person	Area Code		nher	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT Fee & □	\$78.75 Filing Fee & S8 Certified Copy Ce	7.50 Filing rtificate o rtified Co	f Status &

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 unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	ida)
2. $\frac{\text{Delaware}}{\text{(State or country under the law of which it is incorporated)}} 3. \frac{84-1}{3}$		84-3591529	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 10/1/2019	5.	(Date of duration, if other than perpenual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	,
1031 Ives Dairy		n Florida, if prior to registration) 502, F.S., to determine penalty liability	P 1:45
7		ive <u>street</u> address)	55
	/Current maili	ng address, if different)	
	et address of Florida registered agent: (P.0		
Name:			
	ot address of Florida registered agent: (P.O. Jose Paulo Jayma 1031 Ives Dairy Road Suite 228	D. Box <u>NOT</u> acceptable)	
Name:	ot address of Florida registered agent: (P.O. Jose Paulo Jayma 1031 Ives Dairy Road Suite 228		

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

A. DIRECTORS				
□ Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman □Director	Address:	
■ Director	Miami, FL 33179			
□President		≡ Presidem		
□Vice President		□Vice President		
□ Secretary	Treasurer	■ Secretary	■ Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: Z019 DE	
□Director		□Director		
□President	·	□President	SSEE OF	
□Vice President		□Vice President	F _S	
□Secretary	□Treasurer	☐Secretary	ON LONG	
□Other	Other	□Other	•	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
□Other	Other	□Other		
individuals may be	Use an attachment to report more than six (6). The at a added to the index when filing your Florida Departs Signature of Director	ment of State Annual R	eport form.	
 -	Signature of Director	r or Officer		
she is aware that fi s.817.155, F.S.	etor signing this document (and who is listed in numbers information submitted in a document to the Department of the Executive Officer	ber 11 above) affirms thartment of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MINUS, 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 TENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINUS, INC. INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2019.

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

O COLOR

Authentication: 203764468

Date: 10-10-19

7635237 8300 SR# 20197478594

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION OF MINUS, INC.

Minus, Inc. (the "Corporation"), a corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

- 1. This Certificate of Amendment (the "Certificate of Amendment") amends the provisions of the Corporation's Certificate of Incorporation filed with the Secretary of State on October 1, 2019 (the "Certificate of Incorporation").
- 2. Article I of the Certificate of Incorporation is hereby amended and restated in its entirety as follows:
- 1. The name of this corporation is Minus Way, Inc. (the "Corporation").
- 3. This amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.
- 4. All other provisions of the Certificate of Incorporation shall remainin full force and effect.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be signed by Jose Paulo Jayma, its Secretary, this 18th day of November, 2019.

□У____

Jose Paulo Jayma

Secretary

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:02 PM 11/20/2019
FHLED 01:02 PM 11/20/2019
SR 2019S205866 - File Number 7635237