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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Duning Faith Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section					
	Division of Corporations					
	Candywriter Holdings, INC	•				
SUBJ	ECT:					
	Name (of corporation -	must include suffix			
Dear S	ir or Madam:					
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Stand	ing" and check are subm			
Please Nadir	return all correspondence concerni Khan	ing this matter t	o the following:			
Candy	writer Holdings, INC.	Name of P	erson			
1521 /	Alton Rd #670	Firm/Comp	any			
Miam	i Beach, Florida, 33139	Addres	S			
nadir@	@candywriter.com	City/State and	l Zip code	-	2019 (25)	
	E-mail address	: (to be used fo	r future annual report no	otification)		
For fur	ther information concerning this m	natter, please ca	II:		16	
Nadir		305 at (975-2732)		F.: 12: 46	
	Name of Person	Area Code	Daytime Teleph	one Number	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please 1	ed is a check for the following amount of the check payable to: FLORIDA DE .00 Filing Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Fili Certificate Certified C	of 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. Candywriter Holdings, INC. 1. (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) 3. (FEI number, if applicable) (State or country under the law of which it is incorporated) 09/13/2019 (Date of incorporation) 09/13/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1521 Alton Rd #670, Miami Beach, Florida, 33139 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kevin O'Neil Name:

9. Registered agent's acceptance:

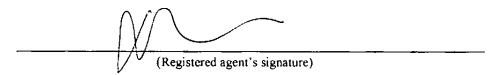
Office Address:

1521 Alton Road #670

(City)

Miami Beach

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.

A. DIRECTORS	Kevin OʻNeil		Nadir Khan					
Chairman	Name:	Chairman		n D.1 #67()				
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director	Miami Beach, Florida, 33139	Director	Miami Beach, Flor	ıda, 33139				
□President		□President						
□Vice President		□Vice President		 				
☐ Secretary	□Treasurer	Secretary	ПΤ	reasurer				
□Other	Other	Other		ther				
□ Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		□Director						
□President		□President						
□Vice President		□Vice President						
□ Secretary	Treasurer	☐Secretary	Оπ	reasurer				
Other	Other	Other		ther				
□ Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:	2019)				
Director		☐ Director						
□President		□President		თ 				
□Vice President		□Vice President		P :: :: :12				
☐ Secretary	□Treasurer	☐ Secretary	□Ta	reasurer CO				
Other	Other	Other		ther				
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. 12. Signature of Director or Officer								
12	Signature of Director of	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 s.817.155, F.S. Kevin O'Neil								

13.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CANDYWRITER HOLDINGS, 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 FIFTEENTH DAY OF NOVEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CANDYWRITER HOLDINGS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2019.

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

2019 DLC 16 FII 12: 46

Authentication: 204016649

Date: 11-15-19

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