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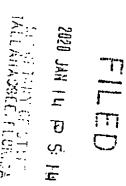
	(Requestor's Name)			
<u> </u>	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
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JAN 27 (02) T. LETTERIN

COVER LETTER

TO: Registration Section Division of Corporation	ns			
SUBJECT: MERMAID BLIS	S INC.			
30b3bc1	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by I "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good Stand	ding" and check are subr		
Please return all correspondenc	e concerning this matter	to the following:		
KENNETH DETTMAN				
	Name of I	erson ·		
ALVAREZ & MARSAL TAXAN	ID, LLC			
·	Firm/Com	pany		
600 BRICKELL AVENUE, SUIT	E 2950			
	Addre	SS		
MIAMI, FL, 33131				
	City/State an	nd Zip code	 	
kdettman@alvarezandmarsal.com	·			
E-m	ail address: (to be used fo	or future annual report n	otification)	
For further information concern	ning this matter, please ca	all:		
KENNETH DETTMAN	305 at (704-6691	704-6691	
Name of Person	Area Code		one Number	
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	
_	ORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate 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.

1. MERMAID BI	LISS INC.			
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)		
2. DELAWARE	3. 8	83-3667826		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 2/6/2019	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150			
7. 2422 WILTON I	DR, WILTON MANORS, FL 33305			
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)		
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	REGISTERED AGENTS SELECT LLC			
Office Address:	2422 WILTON DR			
	WILTON MANORS	Florida 33305		
	(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.

A. DIRECTORS						
Chairman	Name:	□ Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman				
Director	ZONA FRANCA BODEGA 229	□Director				
□President	MEDELLIN 05615 COLOMBIA	□President				
□Vice President	<u> </u>	□Vice President	4000			
□Secretary	Treasurer	Secretary		□Treasurer		
□Other	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		□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		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. 12. 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 s.817.155, F.S.

JOSÉ IGNACIO SOTO VELEZ, DIRECTOR



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

DELAWARE, DO HEREBY CERTIFY "MERMAID BLISS 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 THIRTY-FIRST DAY OF DECEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERMAID BLISS INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 204332755

Date: 12-31-19