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Division of Corporations

Fax Number : (950)617-6393

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: slatenolices@vcorpservices.com

FOREIGN PROFIT/NONPROFIT CORPORATION OVERTURE LIFE, INC.

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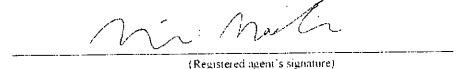


APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. OVERTURE LIFE, 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 but Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable =) (Date of duration, if other than perpenual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 55 Merrick Way, Suite 401, Coral Gables, FL 33134 (Principal office address) (Current mailing address, it different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Venrp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davie

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. DIRI	ECTORS	
Chairman		
Address:		
Vice Chai	rman.	
Address		
Director:	Santiago Munne	
	55 Merrick Way, Suite 401, Coral Gables, Ft. 33134	
		202 TAL
Director	Vijit Sabnis	
	55 Merrick Way, Suite 401, Coral Gables, FL 33134	ASSE
B. OFF	ICERS	LORID.
President	Martin Varsavsky	Om I
Address	55 Merrick Way, Suite 401, Coral Gables, FL 33134	
Vice Pres	ident	
Address:		
Secretary	 "	
Address		
Treasure	:	
Address		
NOTE:	If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
12	Signature of Director or Officer	
The offi are true a third o	cer or director signing this document (and who is listed in number 11 above) as and that he or she is aware that false information submitted in a document to the legree felony as provided for in s.817.155, F.S.	ffirms that the facts stated herein
13. <u>Ma</u>	rtin Varsavsky, CEO (Typed or printed name and capacity of person signing application)	tion)
	(Typen of printed name and capacity of berson signing apprice	,

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "OVERTURE LIFE, 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 EIGHTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OVERTURE LIFE, INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

Authentication: 202900248

Date: 05-08-20

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