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(R	equestor's Name)			
(A	ddress)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

SUBJECT: Avespa Corporation			
Name	e of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C"Certificate of Existence," or "Certifica above referenced foreign corporation to	te of Good Star	ding" and check are submitted to regis	
Please return all correspondence concer	ning this matter	to the following:	
Philip H. Ward, III	_		
	Name of	Person	
Ward Damon, PL			
	Firm/Con	pany	
4420 Beacon Circle			
	Addr	ess	
West Palm Beach, Florida 33407			
	City/State a	nd Zip code	
pward@warddamon.com		·	202
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:		2021 1119	
Heidi Paleno	561 at (594-1450	70
Name of Person	Area Cod	e Daytime Telephone Number	F]] H: 28
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	
Enclosed is a check for the following an Please make check payable to: FLORIDA I \$\infty\$ \$70.00 \text{ Filing Fee} \text{\$\infty}\$ \$78.75 \text{ Fil}			Filing Fee,

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. Avespa Corpora	ation		
	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)
2. Delaware	3	46-5088700	
	ry under the law of which it is incorporated)	(FEI number, if applicabl	e)
4. 01/01/2020	5.		
(Date	of incorporation)	(Date of duration, if other than pe	rpetual)
6.			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 3125 Jupiter Park	Circle, Suite 2, Jupiter, Florida 33458		
	(Principal off	īce <u>street</u> address)	
20200 West Dixi	ie Highway, Suite 703, Miami, Florida 33180		
	(Current maili	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	2020 1577 19
Name:	Ward Damon Business Services, LLC		: 19
Office Address:	4420 Beacon Circle		P1111: 2i
	West Palm Beach	, Florida ³³⁴⁰⁷	= ;
	(City)	(Zin code)	င်

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.

Chairman	Name: Alberto Benacerraf		Name: Richard Kiy
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Suite 2	Director	Suite 2
□President	Jupiter, Florida 33458	□President	Jupiter, Florida 33458
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
Other	□Other	□Other	Other
□ Chairman □ Vice Chairman ■ Director	Name: Philippe Boise Address: 3125 Jupiter Park Circle Suite 2	□Chairman □Vice Chairman ■ Director	Name: David Punchard Name: 3125 Jupiter Park Circle Address: Suite 2
□President	Jupiter, Florida 33458	□President	Jupiter, Florida 33458
□ Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□ Chairman □ Vice Chairman ■ Director □ President	Name: Alphonso Machado Name: 3125 Jupiter Park Circle Address: Suite 2 Jupiter, Florida 33458	□Chairman □Vice Chairman □Director □President	Name:
□ Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer

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.

□Other ____

□Other _

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.

Other_

Other __



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

DELAWARE, DO HEREBY CERTIFY "AVESPA CORPORATION" 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 TWELFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVESPA"

CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D.

2020.

2020 i. . . 19 bi. 11: 10



Authentication: 202920021

Date: 05-12-20