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(Re	questor's Name)	•
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	1000
		W. C.

Office Use Only

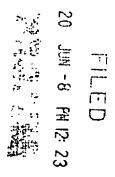


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RECEIVED

JUN 8 2020



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VELIVE CORP.			
	orporation - n	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standin	g" and check are submitted to register t	rida." the
Please return all correspondence concerning	this matter to	the following:	
Antonio Regojo			
	Name of Per	son	
Regojo Ław, PA			
	Firm/Compa	ıy	
12550 Biscayne Blvd Ste 110			
	Address		
Miami, FL 33181			
C	City/State and	Zip code	
aregojo@regojolaw.com		يند. پار ^{يا} يين	20
E-mail address: (t	o be used for	future annual report notification)	
For further information concerning this matter	er, please call		JUN -8 PM
ANTONIO REGOJO	,305	814-8299	3 2 C
Name of Person	Area Coae	Daytime Telephone Number	PH 12: 23
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 Tallahassec, FL 32314	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP. \$70.00 Filing Fee \$78.75 Filing F Certificate of S	ARTMENT O Fee & 🔲 S	F STATE 78.75 Filing Fee & S87.50 Filing Fee Certificate Certified Copy Certified C	of Status &

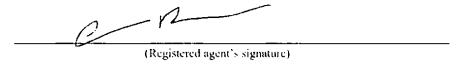
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

VELIVE CORP					
(Enter name of c	orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting business in Flor	ida)	
, DELAWARE		3	83-1897553		
- -	y under the law of which it is incorporated		(FEI number, if applicable)		
(Date of incorporation)		٠,٠	Date of duration, if other than perpetua		
6. N/A					
<i>1</i>	d Ste 157, Key Biscayne FL 33149 (Principal	offic	ee <u>street</u> address)		
	(Current ma	ilin	g address, if different)		
8. Name and stree	et address of Florida registered agent: (Antonio Regojo	P.O	A STATE OF THE STA	3- Kill OC	
Office Address:	12550 Biscayne Blvd Ste 110			~	
	Miami		, Florida 33181	S S	
	(City)		(Zip code)	.Ŧ ン ン	
				J	

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.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VELIVE CORP." 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 TWENTY-SEVENTH 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 "VELIVE CORP."

WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 203002018

Date: 05-27-20