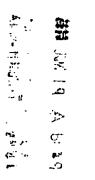
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6/19/20

NAME: MIVENTURE INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: MIVEN	TURE INC.			
	Name of c	corporation - m	ust include suffix	· · · · ·
Dear Sir or Madam:				
The enclosed "Applica "Certificate of Existen above referenced forei	ce," or "Certificate of	Good Standing	g" and check are subm	
Please return all corres	pondence concerning	this matter to t	he following:	
Jason Scott Crystal				
_		Name of Pers	on	
Miventure Inc.				
		Firm/Compan	y	
2051 Dyan Way				
		Address		,
Maitland, FL 32751				
	C	City/State and Z	lip code	
jason@miventure.com				
	E-mail address: (t	o be used for f	uture annual report no	tification)
For further information	n concerning this matte	er, please call:		
Stephen Zagami	at	at (508 Area Code) 310-1001 Daytime Telephone Number		
Name of Person	ວກ	Area Code	Daytime Telepho	one Number
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 Please make check payab \$70.00 Filing Fee		ARTMENT OF ce & \q	STATE 8.75 Filing Fee & crtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

MIVENTURE I	NC.				
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ION."		
(If name unavaila	able in Florida, enter alternate corporate name a	idopted for the purpose of transac	cting business in Florida)		
Delaware	3				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
12/30/2019	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	hility)		
		v	,		
	Maitland, FL 32751	ce street address)			
	(Fineipai offic	ce street address)			
	(Company)	g address, if different)			
	(Current maning	g address, if different)			
November of others	t address of Florida registered agent: (P.O	Don MOT and might of			
mame and <u>stree</u>		. Box <u>NOT</u> acceptable)			
Name:	Jason Scott Crystal		\$ 84°		
ffice Address:	2051 Dyan Way				
······································	Maitland	, Florida 32751(Zip code)			
	(City)	, Florida (Zip code)			
	(City)	(Zip code)			
	ent's acceptance:		50 Am 1		
	ed as registered agent and to accept servic				
	application, I hereby accept the appointm				
	omply with the provisions of all statutes re with and accept the obligations of my pos		nete performance of my ai		
,	with and accept the wingations of my pos	mion un regimereu ugenn			
	Jason Cryst	-a./			
_	<u> </u>				
	(Registered agent's sig	gnature)			
0. Attached is a o	certificate of existence duly authenticated, i	not more than 90 days prior to	delivery of this application		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 2051 Dyan Way	□Vice Chairman	Address:	
Director	Maitland, FL 32751			
■ President		□President		
□Vice President		□Vice President		
□ Secretary	■ Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
■ Director □ President □ Vice President ■ Secretary	Name: Luiggi Marcelo Pera 2051 Dyan Way Maitland, FL 32751	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	☐ Treasurer
Other	Other	Other		Other
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director		
□President		□President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		Other
The officer or direct she is aware that fas.817.155, F.S.	Signature of Director of Signature of Signatu	ent of State Annual Re or Officer or 11 above) affirms th	eport form.	herein are true and that he or
13. Jason Scott	Crystal, President			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MIVENTURE, 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 EIGHTEENTH DAY OF JUNE, 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 "MIVENTURE, INC."

WAS INCORPORATED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2019.

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

Authentication: 203136956

Date: 06-18-20

7775150 8300 SR# 20205784886