# F20000003327

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 1/29 Pecceived Center Frank LDC
1/31
Wa-695a4

Office Use Only



500347174345

The William - 1, + 1, + 1, 1, 1

RECEIVED
JUN 2 9 2020

50 07 58 78 3 CD

### **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporat	ions				
SUBJECT: FOX GLOBAL	CORP				
30bJLC1:	Name of corporation	on - must include suffix			
Dear Sir or Madam:					
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Sta	anding" and check are subn	t Business in Florida," nitted to register the		
Please return all corresponde	nce concerning this matte	er to the following:			
SANTIAGO VOLPE					
	Name o	f Person			
FOX GLOBAL CORP					
	Firm/Co	mpany			
1345 NW 98th CT Suite 9					
	Add	ress			
Doral, F1. 33172					
	City/State	and Zip code			
santiago@capitalfenix.com					
<u> </u>	mail address: (to be used	for future annual report no	otification)		
For further information conce	erning this matter, please	call:			
Gustavo Firinu at () 786-703-4987					
Name of Person	Area Co		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		
Enclosed is a check for the for Please make check payable to: F \$70.00 Filing Fee	TLORIDA DEPARTMEN	T OF STATE  \$78.75 Filing Fee & Certified 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.

L FOX GLOBAL	CORP	
(Enter name of c	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavails	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)
DELAWARE	3 3:	2-0615770
(State or countr	y under the law of which it is incorporated)	(FE) number, it applicable)
4. (Date	of incorporation)	(Date of duration, if other than perpetual)
6.		
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)
7. 1345 NW 98th C	T Suite 9 Doral, FL 33172	
	(Principal office	street address)
8 Name and stree	(Current mailing a continuous con	address, if different)  Box NOT acceptable)
Name:	V&G ETHICAL SOLUTIONS CORP	<del></del>
Office Address:		
	MIAMI	Florida 33122
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appointme omply with the provisions of all statutes relevant and accept the obligations of my positions are made and my positions of my positions are made and my positions are my positions are my positions and my positions are my positions and my positions are my positions.	
_	(Registered agent's sign	ature)

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 SANTIAGO VOLPE ☐ Chairman □Chairman Name: 1345 NW 98th CT Suite 9 Address: ☐ Vice Chairman □ Vice Chairman Address: Doral, FL 33172 Director □Director □President □ President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: □ Chairman ☐ Chairman □Vice Chairman Address: □ Vice Chairman Address: ☐ Director □ Director □President □ President □Vice President \_\_\_ ☐ Vice President ☐ Treasurer □Treasurer □ Secretary ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: 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 Florid/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.

Contract Contract

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FOX GLOBAL 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 TWENTIETH DAY OF JULY, 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 "FOX GLOBAL CORP"
WAS INCORPORATED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2019.

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

Authentication: 203313809

Date: 07-20-20

7717944 8300

SR# 20206313825



July 7, 2020

SANTIAGO VOLPE FOX GLOBAL CORP 1345 NW 98TH CT SUITE 9 DORAL, FL 33172 US

SUBJECT: FOX GLOBAL CORP Ref. Number: W20000069524

We have received your document for FOX GLOBAL CORP and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Peceived Ceruciate

Letter Number: 420A00013182

RECEIVED

JUL 2 9 2020

### **COVER LETTER**

TO:	FO: Registration Section Division of Corporations			
CHRI	ECT: FOX GLOBAL CORP			
5015	Name of corpora	tion - must include suffix		
Dear S	ir or Madam:			
"Certif		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.		
Please	return all correspondence concerning this ma	atter to the following:		
SANTI	AGO VOLPE			
	Name	e of Person		
FOX G	LOBAL CORP			
	Firm/C	Company		
1345 N	W 98th CT Suite 9			
	Α	ddress		
Doral, l	FL 33172			
	City/Sta	ite and Zip code		
santiage	o@capitalfenix.com			
	E-mail address: (to be us	sed for future annual report notification)		
For fur	ther information concerning this matter, plea	ase call:		
Gustavo Firinu at () 786-703-4987				
	Name of Person Area C	Code Daytime Telephone 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		
Please r	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMI .00 Filing Fee	ENT OF STATE  S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

	CORP	
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida
DELAWARE	OELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
11/22/2019		
(Date	of incorporation)	(Date of duration, if other than perpetual)
•		
1345 NW 98th C	F Suite 9 Doral, FL 33172  (Principal offic	re <u>street</u> address)
	(Current mailing	gaddress, if different)
	et address of Florida registered agent: (P.O	•
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O V&G ETHICAL SOLUTIONS CORP	•
	et address of Florida registered agent: (P.O	•
Name:	et address of Florida registered agent: (P.O V&G ETHICAL SOLUTIONS CORP	•

#### 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: SANTIAGO VOLPE	□ Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
■Director	Doral, F1, 33172	□Director		
□President		□President		
□Vice President		□ Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
☐Other	□ Other	□Other	·——	□Other
□Chairman	Name:	□Chairman	Nume:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□ Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		Other	<del></del>	□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
individuale may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep.	Ament of State Annual Re	port form.	
12	Signature of Direct	1		
The officer or dire	Signature of Direct etor signing this document (and who is listed in males also information submitted in a document to the D	mber 11 above) affirms th	at the facts stat	ed herein are true and that he o

s.817.155, F.S.

13. SANTIAGO VOLPE, Director