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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

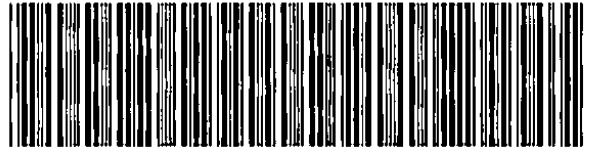
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/27/20--01027--005 **70.00

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JUL 22 2020

FILED
2020 JUL 22 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

45
8/2/20

Fernando Peters
1201 East Ponce de Leon Blvd.
Suite 103
Coral Gables, Florida 33134
Tel: 1 (646) 717-0696
Email: creso657@gmail.com

July 20, 2020

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: **Diversified International Equities Inc.** a foreign corporation from New Jersey applying for authorization to transact business in Florida under the corporate name referred to in the application as "**SHOP SMART MALLS INC.**"


To whom it may concern:

The enclosed "Application by a Foreign Corporation for Authorization to Transact Business in Florida," I have enclosed the following:

- A) Long form "Certificate of Good Standing" dated: June 28, 2020;
- B) 2-page email indicating payment was made on 05/21/2020 for any and all annual reports;
- C) 3-page application which includes a cover letter;
- D) The filing fee required in the amount of \$70.00.

Thank you in advance please be safe and May God bless you.

Sincerely,


Fernando Peters
Vice-President/Registered Agent

FILED
2020 JUL 22 PM 3:16
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified International Equities Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Fernando Peters

Name of Person

N/A

Firm/Company

1201 East Ponce de Leon Blvd., Suite 103

Address

Coral Gables, Florida 33134

City/State and Zip code

creso657@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Peters

at (646) 717-0696

Name of Person

Area 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.

1. DIVERSIFIED INTERNATIONAL EQUITIES INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SHOP SMART MALLS INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/13/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2665 South Bayshore Drive Suite _____ Miami (Coconut Grove), Florida 33133
(Principal office street address)
1201 East Ponce de Leon Blvd., Suite 103 Coral Gables, Florida 33134
(Current mailing address, if different)

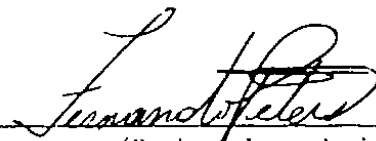
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Fernando Peters

Office Address: 2265 South Bayshore Drive Suite _____
Miami (Coconut Grove) . Florida 33133
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac further agree to comply with the provisions of all statutes relative to the proper and complete performance of my 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 applic: the Department of State, by the Secretary of State or other official having custody of corporate records in the juris under the law of which it is incorporated.

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

☐ Chairman Name: Regla Collazo
☐ Vice Chairman Address: 3492 SW 2nd Street
☐ Director Miami, Florida 33135
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Fernando Peters
☐ Vice Chairman Address: 1201 East Ponce de Leon Blvd
☐ Director Suite 103
☐ President Coral Gables, Florida 33134
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida 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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided s.817.155, F.S.

13. Fernando Peters, Vice-President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

DIVERSIFIED INTERNATIONAL EQUITIES INC.
0450287894

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 13, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

FERNANDO PETERS
507 43RD STREET
SUITE 5 W - A
UNION CITY, NJ 07087

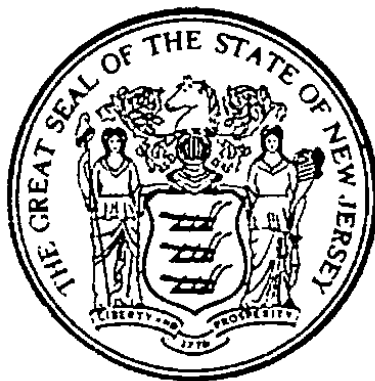
I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Annual Report filing with
officer/member change

05/21/2020

Annual Report Filing with address
change

05/21/2020



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of June, 2020.

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6108733241

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp