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	Account Number : 120110000091 Phone : (305)858-9900 Fax Number : (305)285-0015						
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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.

7070 00 00 10; ···· (•····)

A. DIRECTORS

Chairman	Jacobo Alex Toledano Abadi Name:	Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	19333 Collins Av. Apt 2705					
Director	Sunny Isles Beach, FL, 33160	Director	Sumiry Isles Beach, FL, 33160					
President		President						
Vice President		Vice President						
Decretary	Treasurer	Secretary	Treasurer					
Other	ÜOther	[] Other	[] Qiher					
Chairman	Nzmc:	[] Chairman	Name:					
	Address:	⊡Vice Chairman	Address:					
Director								
[] President		□Vice President						
Uvice President								
	Treasurer							
[] Other	Other	Other	Other					
Chairman	Name:	[]Chairman	Naine:					
□Vice Chairman	Address:	🛙 Vice Chairman	Address:					
Director		Director						
President		President						
Vice President		Uvice President						
Secretary	Treasurer	Secretary	() Treasuror					
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 Florida Department of State Annual Report form.								

12. ____

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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 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.

13. Jacobo Alex Toledano Abadi

- -

(Typed or printed name and capacity of person signing application)

Page 1



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINCORP UNIVERSAL 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 THIRTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINCORP UNIVERSAL INC" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2020.

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



Authentication: 203376974 Date: 07-30-20

3332838 8300 SR# 20206495906

You may verify this certificate online at corp.delaware.gov/authver.shtml