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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT MAIL	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)	
Special Instructions to Filing Officer:	(Document Number)	
	Certified Copies Certificates of Status	
WJ0000078160 02821	Special Instructions to Filing Officer:	
	WJ0000078160 02821	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
Matchcom	Telecommunications	Inc.	
SUBJECT: Na	me of corporation - mi	ust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence," or "Certificate of Existence," or poration	cate of Good Standing	and check are submitted to register	orida." r the
Please return all correspondence conc	cerning this matter to th	ne following:	
Mi	iguel Vazquez		
	Name of Perso	 on	
Ma	atcheom Telecommun	ications Inc	
	Firm/Company		
125	I 60 E Hallandale Beach	Blvd, PH1	
	Address	-	
На	llandale FL 33009		
	City/State and Z	ip code	
fin	ance@matchcoms.cor	n	
E-mail add	lress: (to be used for fu	iture annual report notification)	
For further information concerning th	is matter, please call:		2020 / ¹¹ 24
Mike Vazquez	at (<u>954</u>)_	456-31910x 3512	_ 21
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	8: 26
Enclosed is a check for the following Please make check payable to: FLORIDA \$70.00 Filing Fee	A DEPARTMENT OF : Filing Fee & S78	3.75 Filing Fee & ☐ \$87.50 Fili	of Status &

APPLICATION BY FOREIGN CORPÓRATION 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

Matcheon	n Telecommunications Inc.	OSINESS IN THE STATE OF PLO	KIDA.
(Enter name of con "Inc" "Co.," "Con	rporation; must include "INCORPORATED," rp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavailab	ole in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)
Delaware		83-0875409	
(State or country	under the law of which it is incorporated)	(FEI number, if applied	cable)
01/16/2018	5.		
(Date o	of incorporation)	(Date of duration, if other than	n perpetual)
	(Date first transacted business in	Florida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	2. F.S., to determine penalty liability)	
1250 E Halland	dale Beach Blvd, Suite PH1, Hallandal FL 330	09	
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
Name and <u>street</u> Name: flice Address:	address of Florida registered agent: (P.O. Miguel Vazquez 1250 E Hallandale Beach Blvd, Ste Ph		2020 ;: 24
			برج
	Hallandale (City)	, Florida <u>33009</u> (Zip code)	æ. ·
		(Zip code)	: 26
signated in this a orther agree to con	it's acceptance: d as registered agent and to accept service application, I hereby accept the appointment apply with the provisions of all statutes receivith and accept the obligations of my posi-	ent as registered agent and agree t lative to the proper and complete p	orporation at the place o act in this capacity,
			_
	(Registered agent's sig	nature)	_
e Department of S	ertificate of existence duly authenticated, no state, by the Secretary of State or other off sich it is incorporated.	not more than 90 days prior to delivical having custody of corporate re	ery of this application tecords in the jurisdiction

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

A. DIRECTORS				
□Chairman	Name:	Chairman	Name:	-
□Vice Chairman	Address:	□Vice Chaiπnan	Address:	
□Director		□Director		
∑ President	Miguel Vazquez- 1250 E Hallandale Beach Blvd, Ste	Ph1 President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□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
				e de la companya de l
□ Chairman	Name:	□ Chairman	Name:	2
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
Important Notice: Individuals may be	Jse an attachment to report more than six (6). The added to the index when filing your Florida Dep	ne attach <u>ment will be invaget</u> partment of State Annual Re	Fior reporting pu	urposes only. Non-indexed
12.	- I'm			
	Signature of Dire			
The officer or direct she is aware that far s.817,155, F.S.	ctor signing this document (and who is listed in raction listed in a document to the factorial states and the factorial states are the factorial states and the factorial states are the factorial s	number 11 above) affirms the Department of State constitu	at the facts stated tes a third degree	I herein are true and that he or e felony as provided for in
13.	Miguel Vazquez President (Typed or printed name and capacity o	f narcan cianina amiliarian		
	(1) pea or printed name and capacity ()	cherson signing application	,	



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

DELAWARE, DO HEREBY CERTIFY THAT "MATCHCOM TELECOMMUNICATIONS INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTEENTH DAY OF JANUARY, A.D. 2018, AT 5 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE ST

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATCHCOM

TELECOMMUNICATIONS INC." WAS INCORPORATED ON THE SIXTEENTH DAY

OF JANUARY, A.D. 2018.

Authentication: 203437536

Date: 08-10-20

6712103 8315

SR# 20206587322





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

2020 FT 21 MH 8: 26

Jettrey W. Busioca, Secretary of State

Authentication: 203437536

Date: 08-10-20

6712103 8315

SR# 20206587322



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2020

MIGUEL VAZQUEZ 1250 E HALLANDALE BEACH BLVD PH1 HALLANDALE, FL 33009 US

SUBJECT: MATCHCOM TELECOMMUNICATIONS INC.

Ref. Number: W20000078160

We have received your document for MATCHCOM TELECOMMUNICATIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

Letter Number: 720A00013866

Certificate of Good standing attached.

RECEIVED AUG 24 2020

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