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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

FOREIGN PROFIT/NONPROFIT CORPORATION MAPONA INC.

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZECTOOSDTOGERSANSACT 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.

MAPONA INC			
	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	rion,"
(If name unavaila	ible in Florida, enter alternate corporate name add	pted for the purpose of trans	acting business in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number,	if applicable)
08/19/2020 4.	5		
(Date	of incorporation)	(Date of duration, if o	ther than perpetual)
S			
7. 341 Fern Cliff A	(SEE SECTIONS 607.1501 & 607.1502 ve, Temple Terrace, FL 33617 (Principal office)		iability)
B. Name and <u>stree</u>	(Current mailing a et address of Florida registered agent: (P.O.	ddress, if different) Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street	_	
	Tallahassee	, Florida	- : : :: ::: :::: ::::::::::::::::::::
	(City)	(Zip code)	O.A.

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above states designated in this application, I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statutes relative to the proper and compand I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company By:	Kadaalii	11/1/2	
(Registere	d ağent's signature)	Kadesha Roberson.	Asst. Vice Preside

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.

s.817.155, F.S.

A. DIRECTORS			H20000300064 3
□ Chairman	Name: Mateus Esteban Amin	□ Chairman	Name:
□ Vice Chairman	Address:	□ Vice Chairman	Address:
Director	341 Fern Cliff Ave, Temple	□ Director	
President		□ President	
□ Vice President	Terrace, FL 33617	☐ Vice President	
Secretary	Treasurer	☐ Secretary	Treasurer
CEO/CF	O G 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
□ 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
Important Notice: individuals may be	Use an attachment to report more than six (6). e added to the index when filing your Florida E	Department of State Annual R	eport form.
12. 11. 11. 11. 11. 11. 11. 11. 11. 11.	Signature of D	irector or Officer	

Mateus Esteban Amin, CEO/President/CFO/Treasurer/Secretary/Director

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAPONA 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAPONA INC." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203550938

Date: 08-27-20