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COVER LETTER

	istration Section ision of Corporations					
SUBJECT	EGGE CD + DE GODD					
Name of corporation - must include suffix						
Dear Sir or l	Madam:					
"Certificate	d "Application by Foreign C of Existence," or "Certificate need foreign corporation to	e of Good Star	Authorization to Transact Business ading and check are submitted to ress in Florida.	s in Florida." egister the		
Please returi	n all correspondence concern	ing this matte	r to the following:			
DAYANA K	LOPEZ BASURTO					
	-10-t-	Name of	Person			
DKL CONSU	JLTANT LLC					
		Firm/Con	ıpany			
1429 PONCE	DE LEON BLVD					
	· · · · · · · · · · · · · · · · · · ·	Addr	ess			
CORAL GAF	BLES, FL 33134					
		City/State a	nd Zip code	1029		
DAYANA.LO	OPEZ@DKLCONSULTANT.0	ОМ		(1D)		
	E-mail addres	s: (to be used t	for future annual report notification	•		
For further in	nformation concerning this n	atter, please c	eall:	62 53 53		
DAYANA K	LOPEZ	786 at (4288382	 항 		
Nan	ne of Person	Area Cod	Daytime Telephone Numb	oer C !		
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			
	t check for the following amounted back payable to: FLORIDA D ling Fee \$78.75 Filin Certificate of	EPARTMENT g Fee & □	1 \$78.75 Filing Fee &	0 Filing Fee. ficate of Status & fied 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.

(If name unavai	lable in Florida, enter alternate corporate name o	donted for the manner of the state of	- '- ' El '11 \		
	navailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florid				
DELAWARE (State or country under the law of which it is incorporated) 3.		(III)			
02/19/2020					
(Date of incorporation) 5.		(Date of duration, if other than perpetual)			
04/01/2020	•	Comment of the control of the contro	··· perperunt)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)			
H44 BRICKELL	AVE STE 418, MIAMI, FLORIDA 33131 (Principal office				
	(Principal office AVE STE 418, MIAMI, FLORIDA 33131	e <u>street</u> address)			
		address, if different)			
Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. DKL CONSULTANT LLC	Box <u>NOT</u> acceptable)	20		
Name:		Box <u>NOT</u> acceptable)	7.030.7		
	DKL CONSULTANT LLC 1429 PONCE DE LEON BLVD.		7620 / 1		
Name:	DKL CONSULTANT LLC 1429 PONCE DE LEON BLVD.	Box NOT acceptable) Florida 33134(Zip code)	18118		

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.

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	Italo Torrese Name:	□Chairman	Name:	
□Vice Chairman	Address: 444 Brickell ave Ste 418	□Vice Chairman	Address:	
■Director	Miomi, Fl 33131	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□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
□Chainnan	Name:	□Chairman	Name;	
□Vice Chairman	Address:	□Vice Chairman	Address:	2020
Director	· · · · · · · · · · · · · · · · · · ·	□Director		****
□President		□President	· · · · · · · · · · · · · · · · · · ·	<u> </u>
□Vice President	1404-07	□Vice President		
☐ Secretary	☐Treasurer	□Secretary		☐Treasurer
□Other	Other	Other		Other
mportant Notice: Undividuals may be a	ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director or	t of/State Annual Rep	for reporting pur oort form.	rposes only. Non-indexed
The officer or direct he is aware that fals. 817.155, F.S.	or signing this document (and who is listed in number se information submitted in a document to the Departm	ent of State constitut	es a third degree	herein are true and that he or felony as provided for in

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FOOD GRAINS 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 FOURTH DAY OF AUGUST, A.D. 2020.



Authentication: 203402315

Date: 08-04-20