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

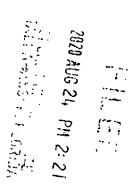
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•	COVER LETT	'ER	
n	•		. •
TO: Registration Section Division of Corporations			
SUBJECT: WeVibin Inc.			
	Name of corporation - mu	st include suffix	(
Dear Sir or Madam:			
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation."	tificate of Good Standing"	and check are	
Please return all correspondence co	oncerning this matter to the	e following:	
Stefanie Lattner		-	2621
	Name of Perso	 n	7
WeVibin Inc.			5
	Firm/Company		<u> </u>
4191 Aberdeen Cir	r imi/company		7
4191 Abeldeen en			<u> </u>
	Address		21 Rin 21
Rockledge, FL 32955			<u>></u>
	City/State and Zig	p code	
Stefanie@WeVibin.co		 -	-
E-mail a	address: (to be used for fut	ure annual repo	ort notification)
For further information concerning	this matter, please call:		
Stefaie Lattner	at (412) 95	52-6692	
Name of Person	Area Code	Daytime Te	lephone Number
STREET/COURIER AD	DRESS:	MAILING	G ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
The Centre of Tallahassee 2415 N. Monroe Street, Su	uita 810	P.O. Box 6327 Tallahassee, FL 32314	
	me oro	i attanasse	C, FL 34314
Tallahassee, FL 32303			
Enclosed is a check for the followi			

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.

WeVibin Inc.		
	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavailal	ble in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)
Delaware	3	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
05-28-2019		
(Date o	of incorporation) 5.	(Date of duration, if other than perpetual)
NO TRAN	Date first transacted business in	2
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
4191 Aberdeen Cir	Rockledge, FL 32955	S 2
	(Principal offic	ce street address)
	(Current mailin	g address, if different)
	(Carrent mann)	s dudiess, it differently
. Name and street	address of Florida registered agent: (P.O	. Box NOT acceptable)
Name:	Stefanie Lattner	
Office Address:	4191 Aberdeen Cir	
	Rockledge	, Florida <u>32955</u>
	(City)	(Zip code)
lesignated in this d urther agree to co	ed as registered agent and to accept service application, I hereby accept the appointm	ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. Plative to the proper and complete performance of my dut sition 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.

A. DIRECTORS Stefanie Lattner Chairman □Chairman 4191 Aberdeen Cir ☐ Vice Chairman Address: □ Vice Chairman Address: Rockledge, FL 32955 Director □ Director President □ President □Vice President _____ ☐ Vice President Treasurer ■ Secretary □ Secretary ☐ Treasurer □Other _____ □Other ____ □Other ______ Other _____ Chairman Name: ☐ Chairman Name: ☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: □Director □ Director □President □ President ☐ Vice President ☐ Vice President □Treasurer ☐ Secretary □ Secretary □Other _____ □Other _____ □Other _ ☐ Chairman Name: ______ ☐ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President President □Vice President ☐ Vice President □Treasurer □ Secretary □ Secretary Treasurer □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. 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 or 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.

🚬 Stefanie Lattner, Chairman



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

DELAWARE, DO HEREBY CERTIFY THAT "WEVIBIN 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 TWENTY-FOURTH DAY OF MAY, A.D. 2019, AT 3:21 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 BEEN FILED TO DATE.

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

Authentication: 203462085

Date: 08-13-20

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