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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certificates	of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LOWZY, MC. Name of corporat	ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation is "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the	
Please return all correspondence concerning this may	tter to the following:	
Jillian Baranoff		
Name	of Person	
Lawzy. Inc.		
Firm/C	ompany	
III NE 19 Street, 8th Flo	or # 1062	
Ad	dress	
Miami, FL 33132		
City/Stat	e and Zip code	
Jillian agalauzy. Com E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, pleas	e call: 29.29	
Tilliam Boronoff at 50 Name of Person Area C	1) 302-6816	
STREET/COURIER ADDRESS:	MAILING ADDRESS: 00	
Registration Section	Registration Section	
Division of Corporations Division of Corporations		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	P.O. Box 6327	
Tallahassee, FL 32303	Taliahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME	NT OF STATE	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware 3. 84-4820013
(State or country under the law of which it is incorporated)

4. February 5, 2020 5. (Date of incorporation)

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 111 NE 15t Street, 8th F100r #1062 Miami, FL (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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. Corporation Service Company

under the law of which it is incorporated.

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

^{1.} 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: Jillian Baronoff	□ Chairman	Name: Paul LeinoFF	
□Vice Chairman	Address: III NE 14 St.	□Vice Chairman	Address: 111 NE 1ST St.	
IP Director	8th Floor # 1062	⊠Director	8th F100r # 1062	
Derresident	Miami, FL 33132	□President	Miami, FL 33132	
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☑ Secretary	☐ Treasurer	
126ther <u>C.C.O</u>	Other	□Other	□Other	
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:		Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer	
□Other	DOther	□ Other	Other	
□Chairman	Name:		Name:	
□ Vice Chairman			,	
		☐Vice Chairman	Address:	
☐Director		□Director	<u> </u>	
□President		□President		
☐Vice President		☐ Vice President		
Secretary	☐Treasurer .	☐ Secretary	☐ Treasurer	
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. 2. 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.

13. Jillian Baronoff CEO + President of Lawzy, inc.
(Typed or printed name and canacity of person signing application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAWZY, 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 THIRTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAWZY, INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY, A.D. 2020.



Authentication: 203274192

Date: 07-13-20