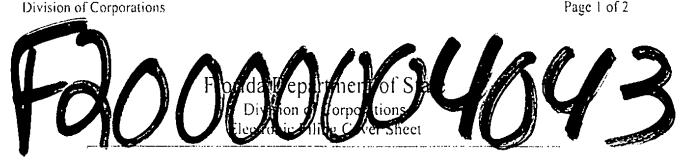
Page 1 of 2



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Eseau

Account Mame : HARVARD BUSINESS SERVICES, INC.

Addbunt Number : 120080000045 Fhone : (302:645-7400 Fax Number : (302)645-1260

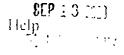
**Enter the email address for this business entity to be used [[6]] annual report mailings. Enter only one email address plays

Email Address: shireen@edvo.com

FOREIGN PROFIT/NONPROFIT CORPORATION Edvo Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLQRIDA

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 unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of trans	sacting business in Florida)	
Delaware 3.				
(State or country under the law of which it is incorporated) 02/27/2018		• •		
(Date of incomparation) 5.		(Date of duration, if other than perpetual)		
9/15/2020	, , , , , , , , , , , , , , , , , , , ,			
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,150.			
3535 S Ocean D	rive #1006. Hollywood Ft. 33019			
	(Principal office	street address)		
		14 12 12 12 12		
	(Current mailing	address, if different)		
Name and stre	et address of Florida registered agent: (P.O.	Box NOT accentable)		
	et address of Florida registered agent: (P.O. Registered Agents Inc.	Box <u>NOT</u> acceptable)		
Name:	·	Box <u>NOT</u> acceptable)		
Name:	Registered Agents Inc. 7901 4th Street N. Ste 300			
Name:	Registered Agents Inc. 7901 4th Street N. Ste 300	Box NOT acceptable) , Florida 33702 (Zip code)		
Name: Tice Address:	Registered Agents Inc. 7901 4th Street N. Ste 300 St. Petersburg (City)			
Name: Tice Address: Registered ag	Registered Agents Inc. 7901 4th Street N. Ste 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept service	, Florida 33702 (Zip code) of process for the above s	tated corporation at the f	
Name: fice Address: Registered agaving been nansignated in this rther agree to contact.	Registered Agents Inc. 7901 4th Street N. Ste 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme comply with the provisions of all statutes reli	Florida 33702 (Zip code) of process for the above so the aregistered agent and arive to the proper and con	tated exeparation at the factor of this capacity	
Name: ffice Address: Registered agaving been nanesignated in this orther agree to contact the street of the stre	Registered Agents Inc. 7901 4th Street N. Ste 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme	Florida 33702 (Zip code) of process for the above so the aregistered agent and arive to the proper and con	tated exeparation at the factor of this capacity	
Name: ffice Address: Registered agaving been nanesignated in this orther agree to contact the street of the stre	Registered Agents Inc. 7901 4th Street N. Ste 300 St. Petersburg (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointme comply with the provisions of all statutes reli	Florida 33702 (Zip code) of process for the above so the aregistered agent and arive to the proper and con	tated exeparation at the factor of this capacity	

10. Attached is a certificate of existence duty 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				
□Chainnan	Name: Shireen Jaffer	□Chairman	Name: Raaid Hossain Same: 3535 S Ocean Drive #1006 Address:	
□Vice Chairman	Address:	⊕Vice Chairman		
©Director	Hollywood FL 33019	□Director	Hollywood FL 33019	
□President		□President		
□Vice President		∃Vice President		
□ Secretary	□ Treasurer	□ Secretary	□Treasurer	
■Other CEO]Other	₩Other	Other	
□Chairman	Name:	⊒Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
©President		□President		
⊡Vice President		□Vice President		
⊡Secretary	□ Freasurer	☐ 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	
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep			
12	Signature of Dire			
	Signature of Dire	ctor or Officer		
The officer or dire she is aware that to 8,817,155, F.S.	ctor signing this document (and who is listed in a also information submitted in a document to the E	umber 11 above) affirms the department of State constitu	at the facts stated herein are true and that he or ites a third degree felony as provided for in	
13	Shireen Jaffer, CEO			
	(Typed or printed name and capacity of	person signing application)	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "EDVO 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDVO INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2018.

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

c at corp delawate gov/auth

Authentication: 203679665

Date: 09-17-20