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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: andrew.perez108@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION

DietMenus, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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**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.

1. DietMenus, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 85-3197836
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/24/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 401 E. Las Olas Blvd, Suite 130-754, Fort Lauderdale FL 33301
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Andrew Perez

Office Address: 401 E. Las Olas Blvd, Suite 130-754

Fort Lauderdale, Florida 33301
(City) (Zip code)

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.



(Registered agent's signature)

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]:

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A. DIRECTORS

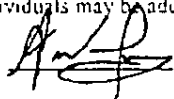
<input type="checkbox"/> Chairman	Name	Andrew Perez	<input type="checkbox"/> Chairman	Name:	_____
<input type="checkbox"/> Vice Chairman	Address	401 E. Las Olas Blvd,	<input type="checkbox"/> Vice Chairman	Address:	_____
<input type="checkbox"/> Director		Suite 130-754	<input type="checkbox"/> Director		_____
<input type="checkbox"/> President		Fort Lauderdale, FL 33301	<input type="checkbox"/> President		_____
<input type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other	CEO	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name:	_____	<input type="checkbox"/> Chairman	Name:	_____
<input type="checkbox"/> Vice Chairman	Address:	_____	<input type="checkbox"/> Vice Chairman	Address:	_____
<input type="checkbox"/> Director		_____	<input type="checkbox"/> Director		_____
<input type="checkbox"/> President		_____	<input type="checkbox"/> President		_____
<input type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name:	_____	<input type="checkbox"/> Chairman	Name:	_____
<input type="checkbox"/> Vice Chairman	Address:	_____	<input type="checkbox"/> Vice Chairman	Address:	_____
<input type="checkbox"/> Director		_____	<input type="checkbox"/> Director		_____
<input type="checkbox"/> President		_____	<input type="checkbox"/> President		_____
<input type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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.

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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.

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Andrew Perez, CEO

(Typed or printed name and capacity of person signing application)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIETMENUS, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIETMENUS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2020.

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



3736314 8300

SR# 20207571721

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203766987

Date: 09-30-20

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