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(Requ	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	T: Veuu Incorporated					
Name of corporation - must include suffix						
Dear Sir o	r Madam:					
"Certificat		f Good Stand	Authorization to Transact Business in Fling" and check are submitted to registes in Florida.			
Please retu	urn all correspondence concerning	g this matter t	to the following:			
Terence M	ills					
		Name of P	erson			
Veuu Incor	rporated					
		Firm/Comp	pany	~`		
401 E Jack	sson Street, Unit 3300					
	•	Addres	5S			
Tampa, FL	. 33602			Ċ		
-		City/State an	d Zip code			
terence@v	euu.com			্র		
	E-mail address:	(to be used fo	or future annual report notification)	ψź		
For furthe	r information concerning this ma	ter, please ca	di:			
Terence M	ills	203) 919-9399 Daytime Telephone Number			
N	lame of Person	Area Code	Daytime Telephone Number	- 		
Ro D: T1 24	rretr/courier address: egistration Section ivision of Corporations ne Centre of Tallahassee 115 N. Monroe Street, Suite 810 nllahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please mak	is a check for the following amou e check payable to: FLORIDA DEI Filing Fee	PARTMENT (Fee & -	\$78.75 Filing Fee & 🔲 \$87.50 Fi	e of Status &		

. 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.

i.	Veuu Incorporated	d			
•	(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORATED," " p," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
	(If name unavailab	le in Florida, enter alternate corporate name ado	pted for the purpose of transacting busing	ness in Florida)	
2.	Delaware	3			
	(State or country	under the law of which it is incorporated) 3.	(FEI number, if applicable	le)	
4.	08-19-2020	5.			
4. (Date of incorporation) 5.		f incorporation)	(Date of duration, if other than perpetual)		
6.					
		(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability)		
7	401 E Jackson Stree	et, Unit 3300, Tampa, FL. 33602			
۲۰_		(Principal office	street address)	77	
		(Current mailing a	ddress, if different)		
8.	Name and street	address of Florida registered agent: (P.O. E	ox <u>NOT</u> acceptable)	:,: 	
	Name:	Registered Agents, Inc.	_		
Of	ffice Address:	7901 4th St. N STE 300	_	દે	
		St. Petersburg			
		(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.

A. DIRECTORS					
≣Chaiπnan	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	St. Petersburg, FL. 33701	□Director			
□President		□President			
□Vice President		□Vice President			
■ Secretary	Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		Other	
□Chairman	Name:	□Chairman	Name:		
	Address:	□ Vice Chairman			
Director		☐ Director			
President		□President			
		□Vice President			
Secretary	□Treasurer				
·		☐ Secretary		□Treasurer	
□Other	Other	□Other		Other	
	\.			•	
□ Chairman		Chairman			
	Address:	□Vice Chairman	Address:		
□Director		□Director		 ர	
□President		□President		••	
□Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other		Other	<u>.</u>	□Other	
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departmen	nt of State Annual Re	eport form.		
12. 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.					
, Terence Mil	ls, CEO				

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VEUU INCORPORATED" 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 TWENTIETH DAY OF OCTOBER, A.D. 2020.



Authentication: 203902616

Date: 10-20-20