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		 -		
(Requestor's Name)				
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
		г —		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ie)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
	577 - 0477			
Special Instructions to	Filing Officer:			

Office Use Only



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2001 JAN -4 PK 4: 26

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CORPORATE

When you need ACCESS to the world

. ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	K UP: 12/28 Glinda
	CERTIFIED COPY PHOTOCOPY	
	CUS	
xx	FILING	FOREIGN CORP.
1.	QOLO INC (CORPORATE NAME AND DOCUM	MENT #)
2.	(CORPORATE NAME AND DOCUM	MENT #)
3.	(CORPORATE NAME AND DOCUM	MENT#)
4.	(CORPORATE NAME AND DOCUM	AENT#)
5.	(CORPORATE NAME AND DOCUM	AENT #)
6.	(CORPORATE NAME AND DOCUM	MENT #)
SPECIA INSTRU	L JCTIONS:	
		

COVER LETTER

Division of Corporations					
SUBJECT: qolo Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the				
Please return all correspondence concerning this ma	atter to the following:				
Charles J. Duffy, III, Esq.					
Name	of Person				
Katz Barron					
Firm/C	Company				
100 NE 3rd Ave., Suite 280					
Ac	Idress				
Fort Lauderdale, FL 33301					
City/Stat	e and Zip code				
patricia.montesi@qolo.io					
E-mail address: (to be use	ed for future annual report notification)				
For further information concerning this matter, please	se call:				
Charles J. Duffy, III, Esq. 954	522-3636				
Name of Person Area C	ode Daytime Telephone Number				
STREET/COURTER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee	NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unam	lable in Placide and a laborate	1	
(II name unavai Delaare	lable in Florida, enter alternate corporate name a		ng business in Florida)
2	ry under the law of which it is incorporated)	(FEI number, if ap	
	- ,	(FEI number, if ap	plicable)
4. January 1, 202	5.		
(Dat 5	(Date of incorporation) (Date of duration, if other than perpetual) Effective 1/1/21		
	(Date first transacted business in	Plorida, if prior to registration)	
6760 Novel 44	(SEE SECTIONS 607.1501 & 607.150		ty)
. O/SU NORE AND	rews Avenue, Suite 200, Fort Lauderdale, FL 33.	 	
	(Principal office	street address)	
	(Current mailing	address, if different)	
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Patricia Montesi	Box <u>NOT</u> acceptable)	2021 JAN - 4
.00	6750 North Andrews Avenue, Suite 200	_	
office Address:	Fort Lauderdale	, Florida 33309	AH 10:
nnce Address:			

(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]:

Chairman	Name: Patricia Montesi	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Suite 200	Director	
□President	Fort Lauderdale, FL 33309	□ President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Sccretary	☐ Treasurer
■Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	,	Address:
Director		Director	
		F75	
•			
☐ Secretary	☐ Treasurer	☐ Secretary	
•		·	☐ Treasurer
□Other		Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director _		□Director	
□President _		□ President	
□Vice President _		□ Viœ President	
☐ Secretary	☐ Treasurer	□ Secretary	□Treasurer
□Other	Other	□Other	
Important Notice: Us individuals may be a	se an attachment to report more than six (6). The added to the index when filing your Florida Depart	ment of State Annual Rep	for reporting purposes only. Non-indexed ort form.
7D 60°	Signature of Directo		
The officer or directorship is aware that falses. 817.155, F.S.	or signing this document (and who is listed in num e information submitted in a document to the Depar-	ber II above) affirms that artment of State constitute	the facts stated herein are true and that he is a third degree felony as provided for in
13. Patricia Monte	esi, CEO		

A. DIRECTORS



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

DELAWARE, DO HEREBY CERTIFY "QOLO 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 FOURTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QOLO INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2021.

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



Authentication: 202204547

Date: 01-04-21