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SECRETARY OF STATE
TALLAHASSEE, FL

FIRED



ř				
3	COVER LI	ETTER		
TO: Registration Section Division of Corporation	ons			
SUBJECT: VICTOREM HO	OLDING INC			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The analoged was actional as her	Familia Companyian For A	harinatian ta Tuanga	at Dusinuss in Cl	
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Stand	ling" and check are sub		
Please return all corresponden	nce concerning this matter	to the following:		
DIEGO ARONIS	_	_	100 E	
	Name of F	Person		
HLW SERVICES LLC				
	Firm/Comp	nany		
5301 SW 38TH AVE	i iiii/com	parry	in a Language	
	Addre		귀토	
CORT LAUNEDDADLE EL 22		\$\$		
FORT LAUDERDADLE FL 33.		177		
MANUTA MOOL HOLONOON	City/State ar	nd Zip code		
MIAMITAXSOLUCION@GMA	MIL.COM mail address: (to be used fo	Citive annual consum	antitiontinn)	
17-1	nan address: (10 be used 10	or ruture annual report i	iourication)	
For further information conce	rning this matter, please ca	all:		
DIEGO ARONIS	786	277-5684		
Name of Person	at (at Code	_)	hone Number	
		•••••	BARBOO	
STREET/COURIER Registration Section	CADDRESS:	MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
The Centre of Tallahassee		P.O. Box 6327		
2415 N. Monroe Stree Tallahassee, FL 3230		Tallahassee, F	FL 32314	

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	OLDING INC		
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	`ED." "COMPANY." "CORPORATION."	
VICTOREM HO	OLDING GROUP INC		
(If name unavaila	able in Florida, enter alternate corporate n	ame adopted for the purpose of transacting b	usiness in Florida)
DELAWARE		3. APLLIED (FEI number, if applic	
	y under the law of which it is incorporated	d) (FEI number, if applic	able)
4. 06/09/2020		5.	
(Date	of incorporation)	5. (Date of duration, if other than	perpetual)
6			
	(SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	2020 D SECR
77	VE, FORT LAUDERDALE FL 33312		DEC 28
	(Principa	l office <u>street</u> address)	S
	(Current m	nailing address. if different)	SEE 3
8. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	29 FLE
Name:	HLW SERVICES LLC		
Office Address:	5301 SW 38TH AVE		
	FORT LAUDERDALE	, Florida 33312	
	(City)	(Zip code)	
designated in this further agree to c	ed as registered agent and to accept sapplication, I hereby accept the appoint omply with the provisions of all status with and accept the obligations of m	service of process for the above stated continent as registered agent and agree to the proper and complete pay position as registered agent. This is signature is signature in the signature of the proper and complete pay position as registered agent.	o act in this capacity. I

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							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	FORT LAUDERDALE FL 33312	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	(:2			
□Director		□Director		FEGRET TO			
□President		□President		C 28			
□Vice President		□Vice President		ASS P			
□ Secretary	□Treasurer	☐ Secretary		mo w			
□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	 	□Other			
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Disputs	nt of State Annual Ro		rposes only. Non-indexed			
Signature of Director or Officer							
The officer or directly she is aware that fas. 817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Department	 11 above) affirms the ment of State constitution 	nat the facts stated ites a third degree	nerein are true and that he or felony as provided for in			
, GISELA HA	ZAN						

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VICTOREM HOLDING 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 TWENTY-THIRD DAY OF DECEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VICTORENCHOLDING" INC. " WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A D 2000.

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

Jeffrey W. Bullec's, Secretary of State

Authentication: 204406529

Date: 12-23-20

3155332 8300

SR# 20208747553