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(Requestor's Na	me)
(Address)	
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PICK-UP WAF	T MAIL
(Business Entity	/ Name)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850,656.7956

850,656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o .

ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQU	EST	DATE	1/27/	2021

PRIORITY | Routine

OUR REF_#_(Order_ID#) 887328

ORDER ENTITY______FAMILIFY CORP.

PLEASE PERFORM	THE FOLLOWIN	ıG	SERVICES:	
		• •		
CARRILLEY CODD				

FAMILIFY CORP. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: francisco@familify.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 27, 2021

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.

(Date first transacted business in EE SECTIONS 607.1501 & 607.150; Miramar, Florida 33027 (Principal office	(Date of duration, if other the Florida, if prior to registration) 2, F.S., to determine penalty liability extreet address) address, if different)	han perpetual)
(Current mailing	(Date of duration, if other the Florida, if prior to registration) 2, F.S., to determine penalty liability extreet address) address, if different)	han perpetual)
(Date first transacted business in EE SECTIONS 607.1501 & 607.150 , Miramar, Florida 33027 (Principal office) (Current mailing)	Florida, if prior to registration) 2, F.S., to determine penalty liabilit e street address) address, if different)	ty)
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EE SECTIONS 607.1501 & 607.150 , Miramar, Florida 33027 (Principal office) (Current mailing)	2, F.S., to determine penalty liabilit e street address) address, if different)	
(Principal office	address, if different)	2021
(Principal office	address, if different)	2021
_	·	2021
f Florida registered agent: (P.O.		
Cornejo	Box NOT acceptable)	FIL 021 JAN 2 8 7 FILE 1
	_ _	B
/ 30th Street #278782		2
Florida	, Florida ³³⁰²⁷	5
(City)	(Zip code)	
n, I hereby accept the appointme the provisions of all statutes rel	ent as registered agent and agre ative to the proper and complet	e to act in this capacity.
Francisco Cornego		
,	stered agent and to accept service on, I hereby accept the appointment the provisions of all statutes relaccept the obligations of my posi	stered agent and to accept service of process for the above stated on. I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent.

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: 14900 SW 30th Street #278782	□Vice Chairman	Address:14900 SW 30th Street #278782
■ Director	Miramar, Florida 33027	■ Director	Miramar, Florida 33027
□President		■ President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	☐ Secretary	□ Treasurer
CEO CEO	□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
□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
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depar	attachment will be imaged	d for reporting purposes only. Non-indexed port form.
			'
	Francisco (a Signature of Direct	or or Officer	
The officer or direct	ctor signing this document (and who is listed in nur also information submitted in a document to the De	iiber 11 above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13	FRANCISCO CO	RNEJO	



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

DELAWARE, DO HEREBY CERTIFY "FAMILIFY CORP." 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-SEVENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAMILIFY CORP."

WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 202381340

Date: 01-27-21