Fa100000776

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

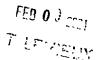
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COVER LETTER

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то:	Registration Section Division of Corporation PROPZIE, INC.				•	
SUB.	JECT:	Name of corporation	W - m	ust include suffix		
		Name of Corporation	.201 - 1121	dst metade sarrix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or referenced foreign corp	Certificate of Good Sta	anding	" and check are sub		
	return all corresponden ELA GUZMAN	ce concerning this matt	er to tl	ne following:		
		Name o	f Pers	on	· · · · · · · · · · · · · · · · · · ·	
PROP	ZIE, INC.					
		Firm/Co	mpan	·		
1900 I	N BAYSHORE DR 1A#1.		' -			
	-	Ado	lress		<u></u>	
MIAN	II. FLORIDA, 33132					
		City/State	and Z	ip code		
DANI	EL@PROPZIE.COM	·				
	E-1	nail address: (to be used	l for fu	iture annual report n	otification)	
For fu	rther information conce	rning this matter, please	call:			
YARI	ARIELA GUZMAN 305 3996879					
	Name of Person	at (Area Co) _	Daytime Telepl	ana Numbur	
	name of rerson	Area Co	нис	Daytine Telepi	ione Number	
	STREET/COURIER	ADDRESS:		MAILING A	DDRESS:	
Registration Section				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	L 32314	
	sed is a check for the fol make check payable to: F		T ለፍ	STATE		
				STATE 3.75 Filing Fee &	☐ \$87.50 Filing Fee.	
- ⊅/(~	Certificate of Status		rtified Copy	Certificate 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.

	orporation; must include "INCORPORATED."	"COMPANY." "CORPORATION	ON,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")				
PROPZIE FL					
	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ting busin	ess in F	lorida)
DELAWARE	y under the law of which it is incorporated) 3.	83-1494789 (FEI number, if			
08/03/2018					
(Date	of incorporation) 5.	(Date of duration, if other	er than pe	rpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ORE DR 1 A #138 MIAMI FLORIDA 33132		ility)		
	(Principal offic	e <u>street</u> address)			
					
	(Current mailing	address, if different)			
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)			
	YARIELA GUZMAN		45	21	
Name:	1900 N BAYSHORE DR 1A #138		*	 m —	
ffice Address:	MIAMI	33132			
		, Florida			. •.
	(City)	(Zip code)	•	7i	<i>:</i>
	ent's acceptance:			80	
esignated in this orther agree to co	ed as registered agent and to accept servic application. I hereby accept the appointmomply with the provisions of all statutes rewith and accept the obligations of my pos	ent as registered agent and ag lative to the proper and comp	ree to ac	et in thi	is capacity.
_	JIMX				
	₩egistered agent's sig	nature)			

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	DANIEL DETONI		YARIELA GUZMAN
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 1900 N BAYSHORE DR 1A #138	□Vice Chairman	Address: 1900 N BAYSHORE DR 1A #13
□Director		□Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	■ Secretary	□Treasurer
(°EO) ■Other	Other	(*()() Other	□Other
□Chairman □Vice Chairman ■Director □President	ERICK SASSE Name:	□Chairman □Vice Chairman □Director □President	Name:Address:
□Vice President		□Vice President	
□Secretary CTO	□Treasurer	☐ Secretary	□Treasurer
Other		□Other	Other
□Chairman	Name:	☐Chairman	
	Address:	□ Vice Chairman	Address:
□Director			
□President		□President	
□ Vice President □ Secretary	□Treasurer	☐ Vice President ☐ Secretary	□Treasurer
□Other		Other	
individuals may be	Signature of Director	nent of State Annual Re	eport form.
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Depa		

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROPZIE, 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-SECOND DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPZIE, INC."

WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2018.

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



Authentication: 202351963

Date: 01-22-21