## F2100000057

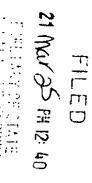
	(Requestor's Name)	
	,	
	(4.21)	
,	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
ı	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
	<u> </u>	_
		_
Special Instructions	to Filing Officer:	

Office Use Only



500361056045

03/25/21--01019--021 \*\*70.00



file . . .

## **COVER LETTER**

_	istration Section sion of Corporations			
SUBJECT:	Defyist Corporation			
		me of corporatio	n - must include suffix	
Dear Sir or N	Madam:			
"Certificate of		cate of Good Sta	Authorization to Transac nding" and check are sub- ess in Florida.	
Please return	all correspondence conc	erning this matte	er to the following:	
Debbie Lovin	squy			
		Name of	Person	·
Defyist Corpo	pration			
		Firm/Cor	npany	
275 NE 18th	St, #804			
		Addı	ress	
Miami, FL 33	132			
		City/State a	and Zip code	
debbie@thedd	•			
	E-mail add	lress: (to be used	for future annual report n	otification)
For further in	nformation concerning th	is matter, please	call:	
Debbie Lovin	squy	305 at (	) 747-1784	
Nan	ne of Person	Area Coc	le Daytime Telepi	none Number
Regi Divi: The ( 2415	SEET/COURIER ADDE stration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite thassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	•	A DEPARTMENT	「OF STATE □ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Delaware	3	832113990	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
. 10/01/2018 5.		Perpetual	
(Date of incorporation)		(Date of duration, if other than perpetual)	
January 4, 2021			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
275 NE 18th St, #	804, Miami, FL 33132		
	(Principal of	fice street address)	
275 NE 18th St,	#804. Miami, FL 33132		
	(Current maili	ng address, if different)	
	(Current man	ng address, it differency	
	(Current main	ng address. If differency	
Name and stree	et address of Florida registered agent: (P.		
Name:	Debbie Lovinsquy	O. Box NOT acceptable)	
Name:	Debbie Lovinsquy	O. Box NOT acceptable)	
Name:	Debbie Lovinsquy	O. Box NOT acceptable)	
Name: Office Address:	275 NE 18th St. #804  Miami  (City)		
Name: office Address: Registered age	275 NE 18th St. #804 Miami (City)	O. Box NOT acceptable)	
Name: Office Address:  Registered age faving been nam lesignated in this urther agree to c	Debbie Lovinsquy  275 NE 18th St. #804  Miami  (City)  ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes.	O. Box NOT acceptable)  Solution of process for the above stated corporation at the planent as registered agent and agree to act in this capacity relative to the proper and complete performance of my of the proper and complete performance of the proper and complete performance of the proper	
Name: Office Address: Registered age laving been nam esignated in this urther agree to c	275 NE 18th St. #804  Miami  (City)  ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint	O. Box NOT acceptable)  Florida     Society of process for the above stated corporation at the planent as registered agent and agree to act in this capacity relative to the proper and complete performance of my desired.	
Name: Office Address:  Registered age faving been nam lesignated in this urther agree to c	Debbie Lovinsquy  275 NE 18th St. #804  Miami  (City)  ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes.	O. Box NOT acceptable)  Florida 33132 (Zip code)  The above stated corporation at the planet as registered agent and agree to act in this capacity relative to the proper and complete performance of my cosition 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## A. DIRECTORS Name: \_\_\_\_ □ Chairman Name: \_\_\_\_\_ Chairman 275 NE 18th St, #804 Address: \_\_\_ □ Vice Chairman ☐ Vice Chairman Address: Miami, FL 33132 □ Director Director □President □President □ Vice President □Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ Other □Other □Other \_\_\_\_\_\_ □Chairman □ Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_ ☐ Director □ Director □President □ President □ Vice President \_\_\_ □Vice President ☐ Treasurer ☐ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_\_ 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: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Debbie Lovinsquy, CEO



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

DELAWARE, DO HEREBY CERTIFY "DEFYIST CORPORATION" 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 ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEFYIST CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2018.

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

Authentication: 202382156

Date: 01-27-21