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(((H21000174076 3)))

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To:

Division of Corporations

To:

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: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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APR 30 PM 4:

FOREIGN PROFIT/NONPROFIT CORPORATION BETTER NOT YOUNGER CORPORATION

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under the law of which it is incorporated.

To:

Fax: (850) 517-6383

(((H210001740763)))

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	YOUNGER CORPORATION		
(Enter name of o	corporation; must include "INCORPORAT Corp." "Inc." "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
		•	
(If name unavai	lable in Florida, enter alternate corporate n	name adopted for the purpose of transacting busi	ness in Florida)
2. DELAWARE		3.	·
(State or count	ry under the law of which it is incorporate	d) (FEI number, if applicab	le)
APRIL 9, 2021			
(Date	e of incorporation)	5. (Date of duration, if other than p	erpetual)
6			>->
0. <u></u>	(Date first transacted busin	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	021 AF
7 3594 ROCKERN	MAN ROAD; MIAMI, FL 33133	_	
·	(Principa	al office street address)	
			<u> </u>
	(Current n	nailing address, if different)	Line in the second
8. Name and street	et address of Florida registered agent:	(P.O. Box NOT acceptable)	1.1 Q
Name:	SONSOLES GONZALEZ		
Office Address:	3594 ROCKERMAN ROAD		
0.2.20	MIAMI	, Florida 33133 (Zip code)	
	(City)	(Zip code)	
0. Designationed nor	ent's acceptance:		
Having been nam	ned as registered agent and to accept s	service of process for the above stated corp	poration at the place
designated in this	annlication. I hereby accept the appe	ointment as registered agent and agree to	act in this capacity. I
further agree to c	comply with the provisions of all statu r with and accept the obligations of m	ites relative to the proper and complete per iv position as registered agent.	Jornance of my dunes,
and s am jamusu	was and accept the congustions of the	, , , , , , , , , , , , , , , , , , , ,	
		_	
	Steam	nt's signature)	
_	(Registered agen	nt's signature)	
10. Attached is a	certificate of existence duly authenticate	ated, not more than 90 days prior to deliver	y of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

To:

(((H210001740763)))

A. DIRECTORS			AUGUSTO MORONTA	
Chairman	Name: 3594 Rockerman Road	OChairman Name: 3201 NE 183rd St, Apt 2404		
□Vice Chairman	Address: Miami, FL 33133	□Vice Chairman	Address: Aventura, FL 33160	
≅ Director		Director		
■ President		President		
☐Vice President		□Vice President		
Secretary	Treasurer	Secretary	Treasurer	
CEO	Other	CFO CFO	Other	
□ Chairman	Name: ALBERTO TOVAR PHELPS	□ Chairman	Name: PABLO GOMEZ DE PABLOS Velazquez, 43	
□Vice Chairman	Qte Patricia, Calle Altamaria Address: Urh Country Club; Caracas	□Vice Chairman	AAAA4 1 1 0	
Director	Venezuela 1071	Director	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
President		☐ President		
□Vice President		□Vice President		
☐Secretary	☐Treasurer	Secretary	Treasurer 7	
Other	□Other	Other	Other = 5	
			် 👸 👨	
□ Chairman	DEBRA LIN	☐ Chairman		
☐Vice Chairman	Name: 77 Fairmont Ave, Apt 317 Address: Oakland, CA 94611	□Vice Chairman	Address:	
		Director		
Director		President	-	
President				
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		
Other	Other	Other	Other	
Important Notice	: Use an attachment to report more than six (6). The to be added to the index when filing your Florida Depar	attachment will be imag tment of State Annual l	ged for reporting purposes only. Non-indexed Report form.	
12	Som			
12. Signature of Director or Officer				
she is aware that s.817.155; F.S.	rector signing this document (and who is listed in nur false information submitted in a document to the De	nber 11 above) affirms partment of State const	that the facts stated herein are true and that he or itutes a third degree felony as provided for in	
13. SONSOLI	(Typed or printed name and capacity of p	erena cienina analisati	an)	
	i i voca or printed name and capacity of t	PERSON STRUCK REPURCED		

(((H210001740763)))

To:

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETTER NOT YOUNGER 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 SIXTEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTER NOT YOUNGER CORPORATION" WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 2021.

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

5051137 8300 SR# 20211326001

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202986229

Date: 04-16-21