Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A. Account Number : I20020000087 ; (954)389-1333 : (954)389-1397 Fax Number

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION &DRES CORP

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: &DRES CORP			
No.	ame of corporation - r	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certification above referenced foreign corporation	icate of Good Standir	thorization to Transact Business in Florida, ig" and check are submitted to register the in Florida.	19
Please return all correspondence con	cerning this matter to	the following:	
DANIELLA SANTANA			
	Name of Pe	rson	
SALVER & COOK LLP			
	Pirm/Compa	ny	;
2721 EXECUTIVE PARK DR STE 4			
	Address		
WESTON, FL 33331			
	City/State and	Zip code	•
D.SANTANA@PSCCPAS.COM			
E-mail ac	ldress: (to be used for	future annual report notification)	
For further information concerning t	this matter, please cal	:	•
DANIELLA SANTANA	at (3891333	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	DA DEPARTMENT C Filing Fee & 💢 🗀 :	F STATE 578.75 Filing Fee & Certified Copy Certified Copy Certified Copy	status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO 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.

&DRES CORP			
(Enter name of co	rporation; must include "INCORPORATED." "(rp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
&DRES FL CO	RP		
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flo.	rida)
DELAWARE (State or country under the law of which it is incorporated) 3.		(FEI number, if applicable)	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
03/20/2020	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
04/01/2021			
	(Date first transacted husiness in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) . F.S., to determine penalty liability)	
155 LINCOUN RI	D, MIAMI BEACH, FL 33139		
	(Principal office	street address)	
			<u>,</u>
	(Current mailing s	iddress, if different)	,
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	•
Name:	SALVER & COOK LLP		-
rvainc.			
	2721 EXECUTIVE PARK DR STE 4		٠.
			• •
ffice Address:		, Florida 33331 (Zip code)	٠.
Tice Address: Registered agreying been names signated in this state of the state o	WESTON, FL (City) ent's acceptance: ned as registered agent and to accept service application. I hereby accept the appointment	of process for the above stated corporation a nt as registered agent and agree to act in this ative to the proper and complete performance	CHAME

^{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				(((H2100016217 7 3)))		
□Chairman	Name: GUILLERMO BELTRAN	□Chairman	Name:			
□Vice Chairman	Address: 455 LINCOLN RD	☐Vice Chairman	Address:			
□Director	MIAMI BEACH, FL 33139	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				
□Scoretary	☐Treasurer	☐ Secretary		☐ Trensurer		
Other	Other	Other		Other		
□Chairman	Namo:	□Chairm an	Name:	· · · · · · · · · · · · · · · · · · ·		
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director		<u> </u>		
□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. 12. 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 5.817.155, F.S.

(3. GUILLERMO BELTRAN - PRESIDENT

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "&DRES 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 NINETEENTH DAY OF MAY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203243916

Date: 05-19-21