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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Phanceros Investment	ts Inc	
	Name of corporation	i - must include suffix	
Dear S	ir or Madam:		
"Certif	iclosed "Application by Foreign Corporation for ficate of Existence," or "Certificate of Good Star referenced foreign corporation to transact busing	nding" and check are submitted to register the	
Please	return all correspondence concerning this matte	r to the following:	
Al	exandra Reyes		
	Name of	Person	
Pho	name of anceros Investments Inc		
	Firm/Con	npany	
1569	8 NW 171st Ave		
	Addr		
Per	nbroke Pines FL 33028 City/State a		
1 (1	City/State a	and Zip code	
	Kandrareyes ethanaeros. Con E-mail address: (to be used		
	E-mail address: (to be used	for future annual report notification)	
For fu	rther information concerning this matter, please	call:	
AI	Name of Person at (984) Area Coc	1 651-4237	
	Name of Person Area Coo	de Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	The Centre of Tallahassee	P.O. Box 6327	
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314	
	sed is a check for the following amount:		
	make check payable to: FLORIDA DEPARTMEN'		
□ \$/(0.00 Filing Fee \(\sum \frac{1}{2} \frac{\$78.75}{\$78.75} \) Filing Fee & 1 \) Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy 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.

1. Phancer	os Investments Inc orporation; must include "INCORPORATE	D." "COMPANY."	" "CORPORATI	ON."			
"Inc" "Co" "Co	orp," "Inc," "Co," or "Corp.")	,					
(If name unavaila	ble in Florida, enter alternate corporate nan	ne adopted for the p	ourpose of transac	ting business in Florida)			
2. Delaware (State or country under the law of which it is incorporated)		3. <u>85-36</u>	85-3687795				
			(FEI number, if	applicable)			
4. <u>10/2</u> (5					
(Date	of incorporation)	(Date o	of duration, if oth	er than perpetual)			
6	025	r productions					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607			oility)			
7 1564 NW	171st Ave						
/·	(Principal c	office street address	s)				
	(Current ma	iling address, if dift	ferent)				
9 Name and street	t address of Florida registered agent: (1	O Roy MOT ac	centable)				
		1,0,000, <u>101</u> ac	сершне				
Name:	Alexandra Reyes			· · · · · · · · · · · · · · · · · · ·			
Office Address:	1568 NW 171st Ave			· · · · · · · · · · · · · · · · · · ·			
	Dembroke Dines	Florida	33028	JUNI 14 M			
	Pembroke Pines (City)	,, , , , , , , , , , , , , , , , ,	(Zip code)				
9. Registered age	ent's accentance:			三			
Having been nam	ed as registered agent and to accept sea						
designated in this further avree to c	application, I hereby accept the appoing omply with the provisions of all statute.	ntment as registe: s relative to the p	red agent and a proper and comi	gree to act in W is capacity. I plete performance of my dutie			
	with and accept the obligations of my						
	Alicandra Reyez (Régistered agent)						
	/ ////////////////////////////////////	s signature)	 -				

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: Alexandia Reyes	□Chairman	Name: Dian	a Comiskey
□Vice Chairman	Address: 1568 NW 171st Avc.	□Vice Chairman	Address: 38	73 SW 171st Ten
□Director	Pembioke Pines FL	Director	Min	amar, FL, 33027
President	83028	□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Sother Complia	ince Officer	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		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departments when Reyes Signature of Director of	ent of State Annual Re	eport form.	
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in numbe lse information submitted in a document to the Depart	r 11 above) affirms th ment of State constitu	at the facts stated ites a third degree	herein are true and that he or felony as provided for in
13.	Alexandra Reyes, Presider (Typed or printed name and capacity of person	n+ on signing application)	



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

DELAWARE, DO HEREBY CERTIFY "PHANAEROS INVESTMENTS 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-EIGHTH DAY OF APRIL, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHANAEROS INVESTMENTS INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2020.

Authentication: 203075205

Date: 04-28-21