

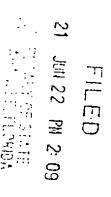
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COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: EDGEUNO, INC.		
Name of co	rporation -	must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of Gabove referenced foreign corporation to transa	ood Stand	ing" and check are submitted to register the
Please return all correspondence concerning th	nis matter t	o the following:
MATT YAGIZ		
	Name of P	erson
METYA FINANCIAL SERVICES		
F	irm/Comp	any
616 S EL CAMINO REAL, STE H		
	Addres	s .
SAN CLEMENTE, CA 92672		
Cit	y/State and	d Zip code
matt@metya.net		
E-mail address: (to	be used fo	r future annual report notification)
For further information concerning this matter	, please ca	II:
MATT YAGIZ	949	498-1993
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA 70.00 Filing Fee	RTMENT (OF STATE \$78.75 Filing Fee & S87.50 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.

	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED," "CON	лраny," "Corporatio	N,"
_				
(If name unavaila	ble in Florida, enter alternate corp	porate name adopted	for the purpose of transacti	ng business in Florida)
DELAWARE	y under the law of which it is inco	3		
(State or country	y under the law of which it is inco	orporated)	(FEI number, if a	pplicable)
01/03/2019		5	(Date of duration, if other	
(Date	of incorporation)		(Date of duration, if other	than perpetual)
06/01/2021				
	(SEE SECTIONS 607.15		a, if prior to registration) to determine penalty liabi	lity)
3109 Grand Ave #	4267, Miami, FL 33133-5103			
		Principal office stre	et address)	
	(C)	urrent mailing addre	ess, if different)	
		_	NOT acceptable)	
Name and stree	t address of Florida registered	agent: (P.O. Box	MOT_acceptable)	
Name and stree	et address of Florida registered MEHMET AKCIN	agent: (P.O. Box	<u>inor_acceptable</u>)	
Name:		agent: (P.O. Box	<u>ivor</u> acceptable)	21 21:
Name:	MEHMET AKCIN			21 Uu 21: Uu 22: 24:
Name:	MEHMET AKCIN 3109 Grand Ave #267		Florida 33133 (Zip code)	21 JUN 22
Name: ffice Address:	MEHMET AKCIN 3109 Grand Ave #267 MIAMI (City)			21 July 22 -
Name: ffice Address:	MEHMET AKCIN 3109 Grand Ave #267 MIAMI (City)		Florida 33133 (Zip code)	76
Name: ffice Address: Registered age faving been namesignated in this	MEHMET AKCIN 3109 Grand Ave #267 MIAMI (City) ent's acceptance: ed as registered agent and to a application. I hereby accept the	accept service of p	Florida 33133 (Zip code) rocess for the above states registered agent and agent	ed corporation at the pree to act in this capac
Name: ffice Address: Registered age laving been nam esignated in this arther agree to co	MEHMET AKCIN 3109 Grand Ave #267 MIAMI (City) ent's acceptance: ed as registered agent and to a application, I hereby accept the comply with the provisions of a	accept service of p he appointment as ill statutes relative	Florida 33133 (Zip code) rocess for the above state registered agent and aging to the proper and comple	ed corporation at the pree to act in this capac
Name: Office Address: Registered age laving been namesignated in this arther agree to contact the contact that the contact the contact that the contact t	MEHMET AKCIN 3109 Grand Ave #267 MIAMI (City) ent's acceptance: ed as registered agent and to a application. I hereby accept the	accept service of p he appointment as ill statutes relative	Florida 33133 (Zip code) rocess for the above state registered agent and aging to the proper and comple	ed corporation at the pree to act in this capac
Name: Office Address: Registered age laving been namesignated in this wither agree to control	MEHMET AKCIN 3109 Grand Ave #267 MIAMI (City) ent's acceptance: ed as registered agent and to a application, I hereby accept the omply with the provisions of a with and accept the obligation	accept service of p he appointment as ill statutes relative	Florida 33133 (Zip code) rocess for the above state registered agent and aging to the proper and comple	ed corporation at the pree to act in this capac

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]:

Zoho Sign Document ID: VATEWUGMNHRWF6577NS2UWNRVM0E4LMCW2JY2BJFGOO

A. DIRECTORS MEHMET AKCIN □ Chairman Chairman 3109 Grand Ave #267 Address: _____ ☐ Vice Chairman ■ Vice Chairman Address: Miami, FL 33133-5103 □ Director Director □ President President ☐ Vice President Vice President □Treasurer □ Secretary **■**Secretary ■ Treasurer □Other □Other ______ □Other _____ ☐Other _____ Name: ______ □ Chairman □Chairman Name: _____ □Vice Chairman Address: ______ □ Vice Chairman Address: Director □ Director ☐ President □President □Vice President □Vice President _____ □Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Name: _____ Chairman ☐ Vice Chairman Address: ____ □Vice Chairman Address: _____ □ Director □ Director □President □ President □Vice President □Vice President _____ Treasurer □Treasurer □ Secretary □ Secretary 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. ____ Mehmet Akein 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.S17.155, F.S.

MEHMET AKCIN



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

DELAWARE, DO HEREBY CERTIFY "EDGEUNO, 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 EIGHTEENTH DAY OF JUNE, 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 "EDGEUNO, INC."

WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2019.

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

Authentication: 203482208

Date: 06-18-21