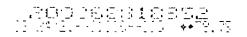


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	istration Section sion of Corpora				
SUBJECT	DANNIEW A	DVISORY GROUP IN	С		
SOBJECT	•	Name of corpo	oration - m	ust include suffix	
Dear Sir or N	Madam:				
"Certificate	of Existence," o	by Foreign Corporation or "Certificate of Goo rporation to transact l	d Standinį	g" and check are sub	et Business in Florida," mitted to register the
Please return	all correspond	ence concerning this	matter to t	he following:	
LOVETTE D	OBSON				
		Nai	ne of Pers	son	
		Firm	n/Compan	V	
17350 STATI	E HWY 249 #220		ii/Compan	у	
			Address		
HOUSTON,	ľX 77064				
		City/S	State and Z	Cip code	
EFILE1234@	INCFILE.COM				
	E	E-mail address: (to be	used for f	uture annual report n	otification)
For further in	nformation con	cerning this matter, pl	ease call:		
LOVEITE DOBSON			Daytime Telephone Number		
Nan	ne of Person	Are	a Code	Daytime Teleph	none 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		
	heck payable to:	following amount: FLORIDA DEPARTI \$78.75 Filing Fee & Certificate of Status	. 🗆 \$7	STATE 8.75 Filing Fee & ertified 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.

(If name unavailab	le in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)			
CALIFORNIA	3.	86-2627482			
(State or country under the law of which it is incorporate 03/09/2021		(FEI number, if applicable) PERPETUAL 5.			
(Date o	f incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
3479 NE 163rd Stre	eet, #205 North Miami Beach, FL 33160				
	(Principal offi	ice street address)			
	(Current mailin	ng address, if different)			
		22 LE			
Name and street	address of Florida registered agent: (P.C	D. Box NOT acceptable)			
Name:	LEGALINC CORPORATE SERVICES IN				
ffice Address:	5237 SUMMERLIN COMMONS, SUITE 2	400 Sen Se			
	FORT MYERS	, Florida 33907			
	(City)	(Zip code)			

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	MAXIM`M ZOBOV								
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	☐ Vice Chairman	Address:						
■ Director	SUNNY ISLES BEACH, FL 33160	□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							
☐ 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							
☐ 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 s.817.155, F.S.

Maxim M Zobov - PRESIDENT



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: BAYVIEW ADVISORY GROUP INC

File Number: C4708857 Registration Date: 03/09/2021

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of June 19, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 20, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: ZV2N3VZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.