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DATE: 6/29/2021

NAME: TRIBEU INC.

TYPE OF FILING: APPLICATION

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attoda

COVER LETTER

TO:	Registration Section	
	Division of Corporations	

SUBJECT: Tribeu Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pablo Vargas

Next Legal LLC

Firm/Company

Name of Person

1395 Brickell Avenue, Suite 950

Miami, FL 33131

City/State and Zip code

Address

pablo@nextlegal.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Zagami	508 3	10-1001
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS	5:	MAILING ADDRESS:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 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 DEPARTMENT OF STATE

■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status

Certified 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.

1	Tribeu	Inc.

•

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

Delaware		3	3		
(State or countr	y under the law of which it is incorporate	d)	(FEI number, if app	olicable)	
June 24, 2021					
(Date	(Date of incorporation)		(Date of duration, if other t	han perpetual)	
·					
	(Date first transacted busir) (SEE SECTIONS 607.1501 & 6	iess in 507.15	Florida, if prior to registration) 92, F.S., to determine penalty liabilit	y)	
901 Surfside Blv	d, Surtside, FL 33154, USA				
	(Principa	il offic	e street address)	4.6 101	
	(Current r	nailin	address, if different)	C HI C	
Name and stree	et address of Florida registered agent:	(P.O	Box <u>NOT</u> acceptable)	H 29 AH II: 18	
Name:	Victoria Iglesias				
ffice Address:	901 Surfside Blvd			FILE 18	
	Surfside		, Florida ³³¹⁵⁴		
	(City)	······································	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Vigunar
7

(Registered 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:	□Chairman	Name:	
□Vice Chairman	901 Surfside Blvd	⊡Vice Chairman	Address:	
Director	Surfside, FL, 33154	Director		
President		President	 .	
☐Vice President		Uvice President	<u></u>	
Secretary	Treasurer	Secretary		Treasurer
Co-CEO	Other	Other		DOther
□Chairman	Cristina Iglesias	□Chairman	Name:	
□Vice Chairman	901 Surfside Blvd	⊡Vice Chairman	Address:	
Director	Surfside, FL, 33154	Director		
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer			Treasurer
■Other <u>Co-CEO</u>	Other	[]Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		·
□President		President		
□Vice President		□Vice President		
Secretary		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.

Heren	
Тиши	כרסב

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.

13. Victoria Iglesias, President

12.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIBEU 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 JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIBEU INC." WAS INCORPORATED ON THE SEVENTH DAY OF JANUARY, A.D. 2021.

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



Authentication: 203553306 Date: 06-28-21

Page 1

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SR# 20212569796 You may verify this certificate online at corp.delaware.gov/authver.shtml