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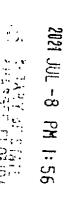
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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'JUL 08 2021 M. SOLOMON

COVER LETTER

	_	ration Section on of Corpo						
SUBJEC	CT:	VivaMusic	Inc.					
	· · ·		Name of c	orporation -	must inch	ide suffix		
Dear Sir o	or Ma	dam:						
"Certifica	ate of	Existence,"	by Foreign Corpo or "Certificate of corporation to trans	Good Stand	ing" and cl	heck are sub		
Please ret	turn a	ll correspon	dence concerning	this matter t	o the follo	wing:		
Sai Rivero	o							
				Name of Po	erson			
VivaMusi	ic Inc.							
				Firm/Comp	any			
8040 NW	/ 155 S	treet						
				Addres	S			
Miami La	akes, F	1, 33016						
			C	ity/State and	l Zip code			
sairivero@	@gmai	Leom						
			E-mail address: (t	o be used fo	r future an	nual report i	notifica	ition)
For furth	er infe	ormation co	ncerning this matte	er, please ca	II:			
Sai River	o/Po	ul J.	Aquilena al	786 (597-392	₹		
ı	Name	of Person	•	Area Code	Da	ytime Telep	hone N	lumber
R I' 1 2	Regist Division The Co 2415 N	ration Section of Corpo entre of Tal	rations lahassee Street, Suite 810		R D P	IAILING A egistration S ivision of C O. Box 632 atlahassee, I	Section orpora 7	tions
	ike che	ck payable to	e following amounts: FLORIDA DEP / 5: FLORIDA DEP / 578.75 Filing F Certificate of S	ARTMENT (ce & □		ing Fee &		\$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60°, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
DELAWARE		3. (FEI number, it applicable)
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
05/25/2021		5
(Date	of incorporation)	(Date of duration, if other than perpetual)
N/A		
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
THE GREEN,	STE D., DOVER, DE 19901	, ,, ,, ,, ,
		office street address)
	·	
	. (Current mai	ling address, if different)
	. (Current mai	ling address, if different)
Name and stre	(Current mai	
Name:	et address of Florida registered agent: (F	
Name:	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET	P.O. Box NOT acceptable)
Name:	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET	P.O. Box NOT acceptable)
Name:	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET	P.O. Box NOT acceptable) Florida 33016 (Zin code)
Name: fice Address: Registered ag	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET MIAMI LAKES (City) ent's acceptance:	P.O. Box NOT acceptable) , Florida 33016 (Zip code)
Name: fice Address: Registered agiving been nan	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET MIAMI LAKES (City) ent's acceptance: ned as registered agent and to accept ser	P.O. Box NOT acceptable) , Florida 33016 (Zip code) Twice of process for the above stated corporation at the
Name: fice Address: Registered agwing been nan signated in this	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET MIAMI LAKES (City) ent's acceptance: ned as registered agent and to accept sent application, I hereby accept the appoint	P.O. Box NOT acceptable) Florida 33016 (Zip code) Twice of process for the above stated corporation at the atment as registered agent and agree to act in this capa
Name: fice Address: Registered ag aving been nan signated in this rther agree to c	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET MIAMI LAKES (City) ent's acceptance: ned as registered agent and to accept sent application, I hereby accept the appoint	P.O. Box NOT acceptable) , Florida , Florida (Zip code) (Zip code) rvice of process for the above stated corporation at the atment as registered agent and agree to act in this capa is relative to the proper and complete performance of new complete performance performance performance perform
Name: fice Address: Registered ag aving been nan signated in this rther agree to c	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET MIAMI LAKES (City) ent's acceptance: ned as registered agent and to accept sent application, I hereby accept the appointmental with the provisions of all statutes	P.O. Box NOT acceptable) , Florida , Florida (Zip code) (Zip code) rvice of process for the above stated corporation at the atment as registered agent and agree to act in this capa is relative to the proper and complete performance of new complete performance performance performance perform
Name: ffice Address: Registered ag aving been nan esignated in this orther agree to c	et address of Florida registered agent: (F PAUL JAMES AGUILERA 8040 NW 155 STREET MIAMI LAKES (City) ent's acceptance: ned as registered agent and to accept sent application, I hereby accept the appointmental with the provisions of all statutes	P.O. Box NOT acceptable) , Florida , Florida (Zip code) (Zip code) rvice of process for the above stated corporation at the atment as registered agent and agree to act in this capa is relative to the proper and complete performance of new complete performance performance performance perform

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.

1). For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS PAUL JAMES AGUILERA Chairman Chairman ∐Chairanan Name: ______ 8040 NW 155 STREET Address: UVice Chairman El Vice Chairman Address: MIAMI LAKES, FL 33016 □Director □Director □President EPPresident □Vice President □ Vice President □Treasurer □ Secretary ☐Treasurer ☐Secretary □Other______ □Other PAUL JAMES AGUILERA EliChairmae. □Chairman. Name: _____ 8040 NW 155 STREET Address: ___ Address: □Vice Chairman □ Vice Chairman MIAMI LAKES, FL 33016 □ Director □Director President □President □ Vice President i∃Vice President (D'Treasurée 😸 □ Secretary El Treasurer **D**Secretary □Other ____ ①Other____ □Other_____ □Other _____ □Chairman Name: ☐ Chairman Name: · Cl Vice Chairman Address: ______ □ Vice Chairman Address: **Director** □ Director □ President **EPresident** □ Vice President □ Vice President ☐Treasurer **UTreasurer** □ Secretary ☐ Secretary []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 highviduals may be added to the index when filing your Florida Department of State Annual Report form. 12 Paul J. Aguilera 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.

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY THAT "VIVAMUSIC INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIFTH DAY OF MAY, A.D. 2021, AT 8:35 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIVAMUSIC INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2021.

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

Authentication: 203610192

Date: 07-06-21



July 1, 2021

SAI RIVERO VIVAMUSIC, INC 8040 NW 155 STREET MIAMI LAKES, FL 33016

SUBJECT: VIVAMUSIC, INC Ref. Number: W21000094910

We have received your document for VIVAMUSIC, INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 721A00015095

Mel Solomon Senior Section Administrator

www.sunbiz.org