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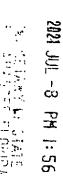
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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'JUL 08 2021 M. SOLOMON

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Γ: Viva Shop TV Inc,					
	Name o	f corporation -	must include suffix	· · · · · · · · · · · · · · · · · · ·		
Dear Sir or	Madam:					
"Certificate	ed "Application by Foreign Core of Existence," or "Certificate of tenced foreign corporation to tra	of Good Standi	ng" and check are subr			
Please retu	rn all correspondence concernin	ng this matter to	the following:			
Paul James	Aguilera					
		Name of Pe	rson			
Viva Shop	TV Inc.					
		Firm/Compa	ıny	<u> </u>		
8 The Greei	n, Ste R,					
		Address				
Dover, DE	19901					
		City/State and	Zip code			
sairivero@g	gmail.com					
	E-mail address:	(to be used for	future annual report n	otification)		
For further	information concerning this ma	itter, please cal	l:			
Paul James	Paul James 786		_) 597-3928)			
N:	ame of Person	Area Code	Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		: :	DDRESS: ection orporations of 1. 32314			
	s a check for the following amore: check payable to: FLORIDA DE Filing Fee	PARTMENT C g Fee & : : [] :	OF STATE \$78.75 Filing Fee & 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.

.....

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)			
Delaware	3	86-2802051			
(State or count) 03/23/2021	ry under the law of which it is incorporated)	(FEI number, if applicable) (Date of duration, if other than perpetual)			
(Date	e of incorporation)				
N/A					
The Green, Ste		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
		ice street address)			
	,	,			
	(Current maili	ng address, if different)			
	\	ig dddress, ir differenty			
	(ig maneas. It differently			
Name and <u>stre</u>	et address of Florida registered agent: (P.C				
		D. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street	D. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street	O. Box NOT acceptable)			
Name: fice Address:	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street Miami Lakes (City)	O. Box NOT acceptable) , Florida 33016			
Name: ice Address:	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street Miami Lakes (City)	O. Box NOT acceptable) , Florida 33016			
Name: fice Address: Registered agwing been namsignated in this	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street Miami Lakes (City) ent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoints	O. Box NOT acceptable)			
Name: fice Address: Registered agiving been nan signated in this ther agree to c	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street Miami Lakes (City) ent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoints	2. Box NOT acceptable) 2. Florida 33016 (Zip code) (Zip code)			
Name: Tice Address: Registered ag wing been nan signated in this other agree to d	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street Miami Lakes (City) ent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoints comply with the provisions of all statutes in	2. Box NOT acceptable) 2. Florida 33016 (Zip code) (Zip code)			
Name: Tice Address: Registered agaving been nansing the signated in this rther agree to designed.	et address of Florida registered agent: (P.C. Paul James Aguilera 8040 NW 155 street Miami Lakes (City) ent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoints comply with the provisions of all statutes in	2. Box NOT acceptable) 2. Florida 33016 (Zip code) (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							
C hairman	Name: PAUL JAMES AGUILERA	□Clairman	Name:				
□Vice Chairman	Address:	DVice Chamman	Address;				
□Director	MIAMI LAKES, FL 33016	[]Director					-
□President		□President					-
□Vice President		□Vice Presidem					
El Secretary	☐ Treasurer	☐ Secretary		Treasurer	r		
[]Other	□ □ Other	Olner		□Other			-
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name: PAUL JAMES AGUILERA 8040 NW 155 STREET Address. MIAMI LAKES, FL 33016	□Chairman □Vice Chairman □Director □President □Vice President	Name:				
□ Secretary	□/Treasurer	ElSceretary		□Treasurer			
[]Other	□Other	CIOther		□Other	注 ;	2021	
E)Chairman	Name:	[]Chairman	Name:			<u></u>	<i></i> ,
□ Vice Chairman	Address:	□Vice Chairman			7/1/1	င်ာ	
Director		Director			- 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +	PH	۱٦ ۲
□President		□President			32. Çızı.	- <u>6</u>	-
□Vice President		出Vice President			-		_
□ Secretary	☐Treasurer	(TSecretary		☐Treasurer			
[]Other	□Other	Other	****	□Other			-
PAUL JAME The officer or direct	Jse an attachment to report more than six (6). The attack added to the index when filing your Florida Department S AGUILERA Signature of Director or tor signing this document (and who is listed in number lise information submitted in a document to the Department.	of State Annual Re Officer H alxove) affirms th	at the facts stated	herein are tu	re and th	as he or	
s.817.155, F.S.		iciu ov state constitu	ies a inird degree	retony as pro	vided fr	वः ।त	
13. PAUL JAME	S AGUILERA (Typed or printed name and capacity of person	r signing application					-



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

DELAWARE, DO HEREBY CERTIFY THAT "VIVA SHOP TV 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-THIRD DAY OF MARCH, A.D. 2021, AT 1:18 O'CLOCK P.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 "VIVA SHOP TV INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2021.

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

Authentication: 203610173

Date: 07-06-21



July 1, 2021

PAUL JAMES AGUILERA VIVA SHOP TV INC 8 THE GREEN, STE R DOVER, DE 19901

SUBJECT: VIVA SHOP TV INC Ref. Number: W21000094908

We have received your document for VIVA SHOP TV 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: 121A00015095

Mel Solomon Senior Section Administrator

www.sunbiz.org