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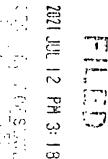
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June 12, 2021

JAMES ANDERSON 150 S. PINE ISLAND ROAD PLANTATION, FL 33324

SUBJECT: A WAY FINANCIAL INC.

Ref. Number: W21000085868

We have received your document for A WAY FINANCIAL INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 321A00013073

Yvette Scott Document Specialist II

www.sunbiz.org

### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A Way Financial Inc.			
	orporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of Cabove referenced foreign corporation to trunsa	ration for A Jood Standi act business	uthorization to Transact and check are submiting formation in Florida.	Business in Florida."
Please return all correspondence concerning this matter to the following:			
James Anderson		72	
	Name of Pe	erson	2 PH 3: 18
F 150 S. Pine Island Rd. Suite 300	irm/Compa	nny	8
	Address	· · · · · · · · · · · · · · · · · · ·	<del></del>
Plantation, FL 33324			
Cit	y/State and	Zip code	
dmitinancial@aol.com			
E-mail address: (to For further information concerning this matter.		future annual report not	fication)
James Anderson at (	530	862-1811	
	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Ft.	ion orations
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR  \$70.00 Filing 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 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	<del></del>	<del></del>
N/A					
(If name unavai	lable in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacting bus	iness in F1	orida)
Delaware		_	86-2862310		,
(State or count	ry under the law of which it is incorporated)	١.	(FEI number, it applicable)		<del></del>
<b>1</b> .		5.	N/A		
	e of incorporation)	(Date of duration, if other than perpetual)		2021	
614 N DUPONT	(Date first transacted business (SEE SECTIONS 607.1501 & 607. HWY STE 210 DOVER, DE 19901	s in .15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		12 F
		ffi	ce <u>street</u> address)	· · · ·	ငှာ က
	(Current mai	lin	g address, if different)	<del></del>	<del>- က</del>
	et address of Florida registered agent: (P Glen Gomez	.O	. Box NOT acceptable)		
Name: Office Address:	150 S. Pine Island Rd. Suite 300				
	Plantation,		Florida 33324		
	(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.

(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.

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

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: _	len Gomez
☐Vice Chainnan	Address: 150 S. Pine Island Rd. Suite 300	■Vice Chairman		150 S. Pine Island Rd. Suite 300
□Director	Plantation, FL 33324	□ Director		on, FL 33324
■ President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□ Secretary		☐Treasurer
□Other	[JOther	□Other		Other
□Chairmun	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman		
□Director		□Director		
□President		□President		202
□Vice President		□Vice President		, c. 1-127
□Secretary	□Treasurer	☐ Secretary		☐Treasure[>
□Other	Other	□Other	<del></del>	□Other □ □ 1
□Chairman	Name:	□ Chairman	Name	
	Address:			
□ Oim non		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	DOther	□Other		Other
Important Notice; Us individuals may be a 12.	se an attachment to report more than six (6). The dded to the index when filing your Florida Depa	attachment will be imaged rtment of State Annual Rep tor or Officer	on tom.	
The officer or directe the is aware that fals 5.817.155, F.S.	or signing this document (and who is listed in nu- e information submitted in a document to the De	mber II abovat attiem, that	ebu dinana	and the state of t
James Anders	son - President			
	(Typed or printed name and capacity of p	erson signing application)		

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "A WAY FINANCIAL 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 EIGHTH DAY OF JULY, 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 "A WAY FINANCIAL INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 203624916

Date: 07-08-21