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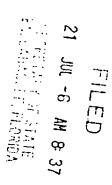
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Clarity Value, Inc.			
			e of corporation	- must include suffix	-
Dear S	ir or M	adam:			
"Certif	icate of	"Application by Foreign ( f Existence," or "Certifica ced foreign corporation to	te of Good Stan	Authorization to Transact Business in Florida," adding" and check are submitted to register the ess in Florida.	
Please	return :	all correspondence concer	ning this matter	r to the following:	
Cristiar				•	
_			Name of	Person	-
Clarity	Value,	Inc.			
			Firm/Com	npany	-
120 SV	√8th S	treet			
			Addre	ess	-
Miami,	Florida	, 33130			
			City/State at	nd Zip code	•
crobiou	@clarit	tyvalue.co   rmckenzie@d			
		E-mail addre	ss: (to be used f	or future annual report notification)	-
For furt	her inf	ormation concerning this	matter, please c	call:	
Ronald	McKer	nzie	305 at (	Daytime Telephone Number	
	Name	of Person	Area Code	e Daytime Telephone Number	
	Regist Division The C 2415 I	eration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ake che	check for the following am cck payable to: FLORIDA D ng Fee	DEPARTMENT ng Fee &	OF STATE  3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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 unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)		
Delaware					
08/22/2017		(FEI number, if applicable)			
(Dat 09/16/2020	e of incorporation) 5.	(Date of duration, if other than perpetual)			
20 SW 8th Str	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150eet, Miami, FL, 33130	Florida, if prior to registration) 602, F.S., to determine penalty liability)			
	(Principal offi	ce street address)	<del></del>		
	(Principal offi	ce <u>street</u> address)	· · · · · · · · · · · · · · · · · · ·		
	(Principal offi	g address, if different)			
	(Principal offi	g address, if different)			
	(Principal offi (Current mailing) et address of Florida registered agent: (P.C	g address, if different)			
	(Principal offi	g address, if different)			
Name and stre Name:	(Principal offi (Current mailing) et address of Florida registered agent: (P.C	g address, if different)			
Name and stre Name:	(Principal offi (Current mailin et address of Florida registered agent: (P.C C T Corporation	g address, if different)  Box NOT acceptable)	21		
Name and stre	(Principal offi (Current mailing) et address of Florida registered agent: (P.C C T Corporation 1200 S Pine Island Rd #250	g address, if different)  Box NOT acceptable)	21 Ju		
Name and stre  Name:  fice Address:  Registered ag	(Principal officer (Principal officer) (Current mailing et address of Florida registered agent: (P.C.C.) C.T. Corporation 1200 S. Pine Island Rd #250  Plantation (City)  ent's acceptance:	g address, if different)  Box NOT acceptable)  Florida 33324 (Zip code)	21 JUL -6 at 16		
Name and stre  Name:  fice Address:  Registered ag  wing been nan  signated in this  ther agree to c	(Principal officer (Principal officer) (Current mailing et address of Florida registered agent: (P.C.C.C.T. Corporation 1200 S. Pine Island Rd #250  Plantation (City)	g address, if different)  D. Box NOT acceptable)  Florida 33324  (Zip code)  The of process for the above stated content as registered agent and agree to the proper and complete new states.	rporation at the p		

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 N	Cristian F. Robiou	□Chairman	Name:					
□Vice Chairman A	Address:	□Vice Chairman	Address:					
■ Director M	liami, FL, 33130	Director						
□President _		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	Secretary		□Treasurer				
□Other		□Other	<del></del> -	Other				
□Chairman N	lame:	Chairman	Name:					
□Vice Chairman A	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President	<del></del>	□Vice President	<del></del>					
□ Secretary	□Treasurer	□Secretary		□Treasurer				
□Other	Other	□Other	<del></del>	□ Other				
□Chairman N	lame:	□Chairman	Name:					
□Vice Chairman A	ddress:	□ 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.								
Cristian F. Robiou, CEO & Founder								

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

DELAWARE, DO HEREBY CERTIFY "CLARITY VALUE, 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-FIRST DAY OF JUNE, A.D. 2021.



Authentication: 203489939

Date: 06-21-21