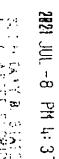
210000039

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800369202238



JUL 14 2021 M. SOLOMON

COVER LETTER

	on Section of Corporations			
SUBJECT: Viv	vaSparkle Inc.			
3000EC1	Name o	of corporation -	must include suffix	
Dear Sir or Mada	m:			
"Certificate of Ex	oplication by Foreign Co listence," or "Certificate foreign corporation to tr	of Good Stand	ing" and check are subm	Business in Florida," nitted to register the
Please return all c	correspondence concerni	ng this matter t	o the following:	
Christine Scott				_
		Name of P	erson	
VivaSparkle Inc.				
		Firm/Comp	pany	
43 Edgewater Dr.				
	·	Addres	SS	
Dunedin, FL, 3469	8			
		City/State an	d Zip code	
christine@vivaspar				
	E-mail address	: (to be used fo	or future annual report no	otification)
For further inform	nation concerning this m	atter, please ca	It:	
Christine Scott		at (Daytime Telephone Number	
Name of	Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ck for the following amo payable to: FLORIDA DI Fee X \$78.75 Filin Certificate c	EPARTMENT (g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

VIVASPARKLI	E Inc.		
	orporation; must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)
Delaware	3. 86	86-3857159	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
12 May, 2021	5.		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
No business yet	transacted		
43 Edgewater Dri	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502) ive, Duncdin, FL 34698		
	(Principal office	street address)	
	(Current mailing a	address, if different)	2 821 JUL
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	8 – JD
Name:	Christine Scott		برج 11°
Office Address:	43 Edgewater Drive	_	PH 4: 3
	Dunedin	Florida	<i>\$</i> 3
	(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.

A. DIRECTORS					
□Chairman	Name:	□Chairman	ne Scott		
□Vice Chairman	Address: 43 Edgewater Drive	□Vice Chairman	Address: 43 Edgewater Drive		
■Director	Dunedin, FL 34698	Director	Dunedin, FL, 34698		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other	<u>-</u>	□Other	
□Chairman	Name:	□Chairman	Nume:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		☐ Treasurer	
□Other	Other	□Other		□Other <u>• </u>	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:	3 T	
□Director		Director		<u> </u>	
□President		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	□Secretary		□Treasurer	
□Other	Other	Other		□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The an added to the index when filing your Florida Department	ttachment will be image ment of State Annual Re	d for reporting proport form.	urposes only. Non-indexed	
12	CONTRACTOR OF Disagrand	r or Officer			
The officer or dire	ctor signing this document (and who is listed in num	ber 11 above) affirms th	nat the facts stated	d 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. Christine Scott, Director

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VIVASPARKLE 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 FOURTH DAY OF JUNE, A.D. 2021.



Authentication: 203368757

Date: 06-04-21