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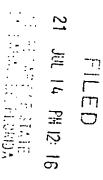
(Red	questor's Name)	
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## **COVER LETTER**

то:	Registration Secti Division of Corpo			
SUBJ	ECT: Flowlie Tee	hnologies, Inc.		
		Name of corporat	ion - must include suffix	
Dear S	Sir or Madam:			
"Certif	ficate of Existence.	n by Foreign Corporation I for "Certificate of Good S corporation to transact bus	tanding" and check are sul	
Please	return all correspoi	ndence concerning this ma	iter to the following:	
Vlad C	lazacu			
		Name	of Person	
Flowli	e Technologies, Inc.			
		Firm/C	ompany	
3000 N	NE 2nd Ave, Apt. 536			
		Ad	ldress	
Miami	, FL 33137			
		City/Stat	e and Zip code	
vlad@	flowlie.com			
		E-mail address: (to be use	d for future annual report	notification)
For fu	ther information co	neerning this matter, pleas	e call:	
Vlad C	azacu	585 at (	ode Daytime Telephone Number	
	Name of Person	Area C	ode Daytime Telep	blione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration 8 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please r	nake check payable t	e following amount: b: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	NT 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.

Flowlie Techno			
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY." "CORPORAT	TON,"
Flowlie Techno	logies Florida, Inc.		
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transa	cting business in Florida)
Delaware	3		
(State or countr	3	(FEI number, i	f'applicable)
Jan 20th, 2021	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
·			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ıbility)
3000 NE 2nd Av	z. Apt. 536, Miami, FL 33137		
		: <u>street</u> address)	
	(Current mailing	address, if different)	<del></del>
. Name and <u>stree</u>	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Vlad Cazacu		7 12
ffice Address:	3000 NE 2nd Ave. Apt. 536		
	Miami	— . Florida <sup>33137</sup>	FILED JULIA PHIZI
	(City)	(Zip code)	=
Registered age	ent's acceptance:		1860 171 2 1
	ed as registered agent and to accept service	of process for the above sta	⇔c:\ ited corpora <del>[[]</del> 9n at the pla
esignated in this	application, I hereby accept the appointme	nt as registered agent and a	igree to act in this capacity
	omply with the provisions of all statutes rela with and accept the obligations of my posit		plete performance of my d
,,	with and accept the bongations of my positi	ion as registered agent.	
	1/9		
	1	<del></del>	
_	(Registered agent's sign	nature)	

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	•			
<b>■</b> Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:Address	■ Vice Chairman	Address:	
□Director	Apt. 536	□Director	Apt. 536	
□President	Miami, FL	□President	Miami, FL	
□Vice Presidem	33137	□Vice President	33137	
☐Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	□Other	□Other	□Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	Treasurer	
□Other	□Other	□Other		
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□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				
·-·	Signature of Direc	etor 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.				



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

DELAWARE, DO HEREBY CERTIFY "FLOWLIE TECHNOLOGIES, 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-NINTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOWLIE

TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF

JANUARY, A.D. 2021.



Authentication: 203564081

Date: 06-29-21



## State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8521640 FLOWLIE TECHNOLOGIES, INC. 3000 NE 2ND AVE APT. 536 MIAMI, FL 33137 06-29-2021

ATTN: VLAD CAZACU

DESCRIPTION		AMOUNT
4800413 - FLOWLIE TECHNOLOGIES, INC. Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	BALANCE	\$0.00