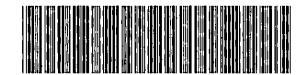
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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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### **COVER LETTER**

TO:	Registration Secti Division of Corpo					
SUBJ	ECT:	Talita Camilo Pr	ofession	al Services Inc		
170 20		Name of corpora	tion - n	ust include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	n by Foreign Corporation for "Certificate of Good S corporation to transact bus	Standin	g" and check are subn		
Please	return all correspon	dence concerning this ma	itter to	the following:		
		Talita	Camilo			
		Name	of Per	son		
		Talita Camilo Pre	ofession	al Services Inc		
-		Firm/C	Compan	У		
		100 West M	ain St U	nit 2		
		A	ddress	-		
		Hyannis,	MA 020	501		
		City/Sta		. /		
		tcamilo@ta				
		E-mail address: (to be us	ed for f	uture annual report no	otification)	
For fu	ther information co	ncerning this matter, plea	se call:			
Talita Camilo		508 at (	)	890-7014		
	Name of Person	Area (	Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		e following amount: b: FLORIDA DEPARTMF \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified 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.

L	Talita Camilo Professional Services Inc							
••	(Enter name of corp "Inc.," "Co.," "Corp	oration; must include "INCORPORATED," ." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
2.	Massachusetts	3	46-4867091					
4.	02/21/2014	nder the law of which it is incorporated)  5.	(FEI number, if applic					
	(Date of	incorporation)	(Date of duration, if other than	n perpetual)				
6.	09/16/2021							
•••		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150						
7.	7065 Westpoin							
•	(Principal office street address)							
	7065 Westpoin	ite Blvd Suite 308 Orlando, FL 32835						
(Current mailing address, if different)								
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Talita Camilo  Office Address: Orlando Florida 32835							
Office Address:		7065 Westpointe Blvd Suite 308		THE C				
	_	Orlando	Florida	100 E				
		(City)	(Zip code)					
He de fu	signated in this ap rther agree to com	as registered agent and to accept servic plication, I hereby accept the appointm ply with the provisions of all statutes re th and accept the obligations of my pos	ent as registered agent and agree to lative to the proper and complete p	o act in this capacity. I erformance of my duties,				
		(Registered agent's sig	nature)	_				
10	. Attached is a cert	ificate of existence duly authenticated.						

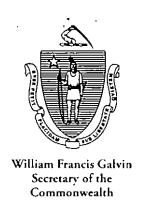
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Talita Camilo □Chairman Name: \_\_\_\_\_ □ Chairman Name: \_ 7065 Westpointe Blvd Suite 308 Address: □ Vice Chairman □Vice Chairman Address: Orlando, FL 32835 Director □Director President □ President ■ Vice President ☐ Vice President Treasurer □ Secretary □Treasurer Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □ President □Vice President □ Vice President □Treasurer ☐ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □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. Talva Camo 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. Talita Camilo

13.



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

September 12, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that

### TALITA CAMILO PROFESSIONAL SERVICES INC

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on February 21, 2014.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Tranin Galicin