F21000005826

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
W21-136128

Office Use Only



100374817351



10/12/21--01012--015 **70.00

RECEIVED

1021 OCT 12 PM 2: 20

1031 Signature 2: 20

1031 Signatu

0CT 1 4 2021 K. Brumbley

CORPORATE ACCESS, .

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

				WALK	IN			
			PICK UP:	10/12	DANNY	_ -		
	XX	CERTIFIED CO PHOTOCOPY CUS	PY					
;	XX	FILING	FOI	REIGN INC				
1.	<u>V</u> .	ENE RIDES, INCORPORATE NAME AND	C. DOCUMENT #)					
2.	(Co	ORPORATE NAME AND	DOCUMENT #)					
3.	(CC	ORPORATE NAME AND	DOCUMENT #)		<u></u>		 .	
4.	(CC	ORPORATE NAME AND	DOCUMENT #)					
5.	(CC	DRPORATE NAME AND	DOCUMENT #)	_	-			
6.	(CC	DRPORATE NAME AND	DOCUMENT #)			<u>.</u>		
SPEC INST	CIAL RUCTI	IONS:						

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.

te name adopted for the purpose of transacting business in Florida) 3. 84-3456310 (FEI number, if applicable) 5. (Date of duration, if other than perpetual) siness in Florida, if prior to registration) 2 607.1502, F.S., to determine penalty liability) 2 n Road Miami Beach, FL 33139 ipal office street address)
3. 84-3456310 (FEI number, if applicable) 5. (Date of duration, if other than perpetual) siness in Florida, if prior to registration) 6 607.1502, F.S., to determine penalty liability) In Road Miami Beach, FL 33139
3. 84-3456310 (FEI number, if applicable) 5. (Date of duration, if other than perpetual) siness in Florida, if prior to registration) 6 607.1502, F.S., to determine penalty liability) In Road Miami Beach, FL 33139
(Date of duration, if other than perpetual) siness in Florida, if prior to registration) to 607.1502, F.S., to determine penalty liability) n Road Miami Beach, FL 33139
(Date of duration, if other than perpetual) siness in Florida, if prior to registration) to 607.1502, F.S., to determine penalty liability) n Road Miami Beach, FL 33139
siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability) n Road Miami Beach, FL 33139
siness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability) n Road Miami Beach, FL 33139
k 607.1502, F.S., to determine penalty liability) n Road Miami Beach, FL 33139
n Road Miami Beach, FL 33139
ipal office street address)
t mailing address, if different)
t: (P.O. Box NOT acceptable)
TANK FILL
, Florida33139
(Zip code)
_

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 Name: Joshua Squire □ Chairman □ Chairman Name: Address: 1111 Lincoln Road ☐ Vice Chairman ☐ Vice Chairman Address: Miami Beach, FL 33139 Director Director □ President □ President □Vice President ______ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other CEO Other _____ □ Other _____ □Other _____ Chairman Name: Name: Chairman □Vice Chairman Address: □Vice Chairman Address: ____ □ Director □ Director ☐ President ☐ President □Vice President ☐ Vice President ☐ 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 _____ 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. Signature of Diector 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 Joshua Squire, CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VENE RIDES, 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 FIFTEENTH DAY OF SEPTEMBER, 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 "VENE RIDES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 204161908

Date: 09-15-21

7657461 8300 SR# 20213250510