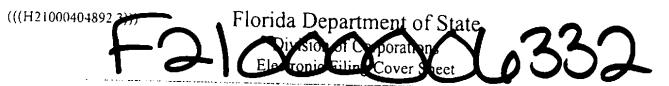
11/1/21, 1:01 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000404892 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Questa Cosa Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

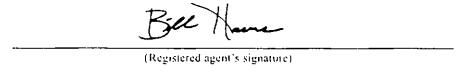
(((H21000404892 3)))

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.

	corporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	"OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busin	ess in Florida)
Delaware	3	37-2933100	
		37-2933100 (FEI number, if applicable	
(Date October 26th, 2		(Date of duration, if other than per	(petual)
539 5th Avenue S	(Date first transacted business in Flo (SEE SECTIONS 607,1501 & 607,1502, South, Unit 242, Naples, Fl, 34102		
·	(Principal office <u>s</u>	treet address)	
	(Current mailing ac	ldress, if different)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. B Registered Agents Inc.	ox <u>NOT</u> acceptable)	FII 2021 NOV - 1 SECRETAL CALLAHASS
ffice Address:	7901 4th Street N. Ste 300	_	
	St. Petersburg	, Florida 33702	
	(City)	(Zip code)	38

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.



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, fittes and addresses of the primary officers and/or directors (up to six (6) total):

HBS Filings Fax

		ın	1.1.	-	O C
Α.	u	IK	EC	+ 0	K.

Chairman	Name: Patricia Griffin		□Chairman	Name:	
■ Vice Chairman	Address:		☐Vice Chairman	Address:	
₩ Director	4836 Westinore Ave.		□Director		
■ President	Montreal, Que., H4V1Z3		□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		74-01-01-01-01-01-01-01-01-01-01-01-01-01-	□President		
□Vice President			□Vice President		
□ Secretary	☐ Freasurer		☐ Secretary		□Treasurer
□Other			(JOther		□Other
□ Chairman	Name:		☐Chairman	Name:	
□Vice Chairman	Address:		Nice Chairman	Address:	
□Director			□Director		
⊡President			□President		
□Vice President		1.3.1.00 00	□Vice President		·
☐Secretary	☐ Freasurer		□ Secretary		☐ Treasurer
DOther	Other		Other	 	□(Other
<u>Important Notice:</u> I individuals may be	ise an attachment to report more to added to the MARA when filing yo	han six (6). The attach on Florida Department	ment will be imaged of State Annual Rep	I for reporting pur non-torm.	rposes only. Non-indexed
12.	Siş				
The officer or direc	Signing this document tand while see information submitted in a doc	no is listed in number 1	Labove) affirms the	it the facts stated es a third degree	herein are true and that he or felony as provided for in

13. Patricia Griffin, President

(Typed or printed name and capacity of person signing application)

(((H21000404892 3)))



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUESTA COSA 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 FIRST DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUESTA COSA INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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

You may verify this certificate online at corp.delaware gov/authver.shtml

Authentication: 204562078

Date: 11-01-21

6266677 8300

SR# 20213666149