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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(December 1)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT:	FAF	WRAPS	DECILNS IN	IC	
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Dear S	Sir or Madam:					
"Certi	ficate of Existenc	ion by Foreign Corpore," or "Certificate of Concerns of Corporation to transcent	lood Standing	and check are submi		
Please	return all corresp	ondence concerning th	nis matter to th	ie following:		
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		<u></u>	irm/Company	,		
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	- 1 - 1	E-mail address: (to	be used for fu	ture annual report not	ification)	
For fu	rther information	concerning this matter	r, please call:			
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	name of reiso	n .	Area Code	Daytime Telepho	ne 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	ed is a check for	the following amount: e to: FLORIDA DEPA S78.75 Filing Fe Certificate of Sta	RTMENT OF S		S87.50 Filing Fee, Certificate of Status of Certified Copy	



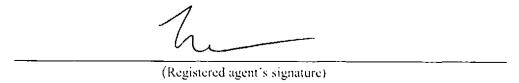
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(State or country under the law of which it is incorporated) 4. (Date of incorporation) (Date of duration, if other	VI "		
2. GEORGIA 3. 85-2925715 (State or country under the law of which it is incorporated) 4. 0\$\frac{11}{2020}\$ 5. (Date of incorporation) (Date of duration, if other of the description) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability of the determine penalty liability of	· ·		
4. OS II 2020 5. (Date of incorporation) (Date of duration, if other 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil	ng business in Florida)		
4. O\$\int \begin{align*} alig	85-2925715		
(Date of incorporation) (Date of duration, if other (Date of incorporation) (Date of duration, if other (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil	(FEI number, if applicable)		
(Date of incorporation) (Date of duration, if other 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil	than perpetual)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil			
(Principal office street address)	ity)		
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	2021 NOV 22 PM 2: 1 SECRETARIAS SEE FIA		
	2 PM ASSE		
Name: Rosensw Law, P.A. Office Address: 2336 Virginia St. Cocont Grove Florida 33173 (City) (Zip code)	デンス 円形 2:1		
Cocont Grove . Florida 33133	, 🖳 Q		
(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.



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. VIRECTORS				
□Chairman	Name: Luis Herrardo Forco	□Chairman	Name:	
□Vice Chairman	Address: 624 Richard Pl	□Vice Chairman	Address:	
□Director	Address: 624 Richard Pl Loganville, 6A 30052	□Director		
President		□President	_	
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other		□Other
□Chairman □Vice Chairman □Director	Name: Nicolas Forco Address: 624 Richard Pl Loganille, GA 30052	□Chairman □Vice Chairman □Director	Address:	
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other		□Other
	Name:Address:	□Chairman □Vice Chairman		
□Director		□Director		
□President		□President	 	
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	nt of State Annual Re	port form.	
12	Signature of Director o			
The officer or direct	etor signing this document (and who is listed in number also information submitted in a document to the Depart	r 11 above) affirms th	nat the facts state	d herein are true and that he or

Control Number: 20154237

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

F&F WRAPS DESIGNS INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22070510
Date Inc/Auth/Filed: 08/11/2020
Jurisdiction : Georgia
Print Date : 11/10/2021
Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State