

1/5/22, 8 59 AM

Division of Corporations

F220000052013

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.

(((H22000005201 3)))



H220000052013ABCM

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
Group 18 Corp.

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

2022 JAN 10 PM 1:23

TALLAHASSEE, FLORIDA

2022 JAN 10 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1593, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Group 18 Corp.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Group 18 Florida Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 20, 2017 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2022 JAN 10 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

C T Corporation System

By: Meredith Hellwig, Assistant Secretary

Meredith Hellwig

(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. Names and business addresses of officers and/or directors:

A. DIRECTORSChairman: Elias Fasja LobatonAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160

Vice Chairman: _____

Address: _____

Director: Jaime Fasja AmkieAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160Director: Marcos Fasja AmkieAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160**B. OFFICERS**President: Elias Fasja LobatonAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160Vice President: Jaime Fasja AmkieAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160Secretary: Marcos Fasja AmkieAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160Treasurer: Jaime Fasja AmkieAddress: 16901 Collins Avenue, Apartment 3405, Sunny Isles Beach, FL 33160**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____


Signature of Director 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.

13. Elias Fasja Lobaton, President

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

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

GROUP 18 CORP.

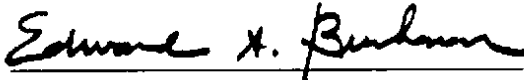
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **September 20, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000769417**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of January, 2022 at 3:42 PM. This certificate is assigned ID Number 049011626.




Secretary of State