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SECRETARY OF STATE

## **COVER LETTER**

10:	Division of Corp	oorations							•
SUBJ	ECT:	Ser	910'5	SILV	ler	4	Mo	RE,	INC.
		N	ame of corpor	ration - must	include s	uffix			
Dear S	ir or Madam:								
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	STREET/COU Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	ction porations allahassee c Street, Suit			Regist Divisi P.O. E	tration on of 1 Box 63	ADDRE Section Corporat 27 , FL 323	ions	
Please	sed is a check for the make check payable 0.00 Filing Fee	e to: FLORII \$78.75		□ \$78.7	ATE '5 Filing I fied Copy				filing Fee, ate of Status & I 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.	,
1. Sergio's Silver & Mort Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  2. Manyland  (State or country under the law of which it is incorporated)  3. 52 - 2049028  (FEI number, if applicable)	da)
<b>A</b>	
4. May 12, 1997 (Date of incorporation)  5. (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. 1083 North Collier gird # 313 Mare	o Island 3
(Principal office <u>street</u> address)	FL.
(Current mailing address, if different)	_
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Ronald S. Webster	<b>202</b> 2
Office Address: 800 N.Collier Blvd. #203	F   L
Mayco Island, Florida 34145	
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this co	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of 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 apr	Time in the

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							
□Chairman	Name: Sergio Adle	□ Chairman	Name:				
☐ Vice Chairman	Address: 1083 N. Collier BLV	□Vice Chairman	Address:				
□Director	<u># 313</u>	□Director					
President	Mario Wand FL	□President	<u></u>				
□Vice President	34145	□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	Other				
	V						
□Chairman	Name: Francis M. Acle	□Chairman	Name:				
□ Vice Chairman	Address: 1083 N. Collee BLVd	□Vice Chairman	Address:				
□Director	# 313	□Director					
President	Marco WiAnd EL	□President					
□Vice President	34145	☐ Vice President	<del> </del>				
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 if line your Florida Department of State Annual Report form.  12.  Signature of Director or Officer							
The officer or direction is aware that falls.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above) affirms the	ites a third degree felony as provided for in				
13	(Typed or printed name and capacity of perso	Acle	president				
	(1 yped or printed name and capacity of perso	n signing application	ı, ı				

## STATE OF MARYLAND Department of Assessments and Taxation

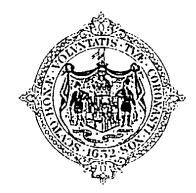
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SERGIO'S SILVER & MORE, INC. (D04685640), INCORPORATED MAY 12, 1997, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 21, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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