# F22000000546

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SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Shine Consulting Group, Inc.		
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this matt	er to the following:	
Samantha Jackson		
Name o	of Person	
Meriam Corporate Services, Inc.		
Firm/Co	ompany	
PO Box 52588		
Add	iress	
Mesa AZ 85208		
City/State	and Zip code	
meriamfinancial@gmail.com		
E-mail address: (to be used	I for future annual report notification)	
For further information concerning this matter, please	e call:	
Samantha Jackson 720	318.8456	
Name of Person Area Co	ode Daytime Telephone 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	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  S70.00 Filing Fee  S78.75 Filing Fee & Certificate of Status	TOF STATE  \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & 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. The Shine Consulting Group, 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) Virginia

(State or country under the law of which it is incorporated)

3. 82-2734964

(FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 66 West Flagler St Ste 900 Miami FL 33130 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mariana Ramos Ortiz Name: 66 West Flagler St Ste 900 Office Address: \_\_\_\_\_, Florida 33130 (Zip code) Miami

#### 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.

(Registered agent's signature)

(City)

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.

Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 66 West Flagler St Ste 900	□Vice Chairman		
Director	Miami FL 33130	Director		
■ President		□President		<del>_</del>
□Vice President		□Vice President		
Secretary	<b>■</b> Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other	<del></del>	□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		□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		□Other
Important Notice: Undividual may be	Jse an attachment to report more than six (6). The added to the index when filing your Florida Dept. The state of the same of	ne attachment will be imaged partment of State Annual Re pector or Officer		
The officer or direc	Signature of Director signing this document (and who is listed in a			

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.

## Commontorealth of Hirginia



### State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Shine Consulting Group, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 8, 2017;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 14, 2022

Bernard J. Logan, Clerk of the Commission