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Special Instructions to F	iling Officer:	

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COVER LETTER

	ation Section on of Corporat	ions			
	Silver Alliance,				
SUBJECT: _		 -			
		Name of corpora	tion - mi	ist include suffix	
Dear Sir or Mad	dam:				
"Certificate of	Existence," or	y Foreign Corporation "Certificate of Good Sporation to transact bus	Standing	and check are sub	ct Business in Florida," mitted to register the
Please return al Luis Analuisa	l corresponde	nce concerning this ma	itter to th	e following:	
	· · · · · · · · · · · · · · · · · ·	Name	of Perso	on	
Silver Alliance I	nc				
· · · · · · · · · · · · · · · · · · ·		Firm/(Сотралу	· · · · · · · · · · · · · · · · · · ·	
11320 Fortune C	Cir Suite G26		. ,		
		A	ddress		
Wellington, FL 3	33414				
	 	City/Sta	te and Z	p code	
billing@silverete	echs.com				
	E-	mail address: (to be us	ed for fu	ture annual report r	notification)
For further info	rmation conc	erning this matter, plea	se call:		
Luis Analuisa 773		6	570183		
		at (<u> </u>
Name	of Person	Area (Code	Daytime Telep	hone Number
		R ADDRESS:		MAILING A	
Registration Section Division of Corporations			Registration Section Division of Corporations		
The Centre of Tallahassee			P.O. Box 6327		
	. Monroe Streamssee, FL 323	,		Tallahassee, FL 32314	
		ollowing amount: FLORIDA DEPARTMI	NT OF	STATE	
■ \$70.00 Filing		\$78.75 Filing Fee &		3.75 Filing Fee &	□ \$87.50 Filing Fee,
		Certificate of Status		rtified Copy	Certificate of Status &

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. Silver Alliance, Inc. 1. (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) State of Illinois incorporated) 3. (FEI number, if applicable) (State or country under the law of which it is incorporated) October 30, 2018 (Date of duration, if other than perpetual) (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) 11320 Fortune Cir Suite G26, Wellington, FL 33414 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Luis Analuisa Name: 11320 Fortune Cir Suite G26 Office Address: Wellington

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)

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. DIRECTORS	Lui Analuisa				
Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:Wellington, FL 33414	□ 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	
□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	
individuals may be		partment of State Annual Re		purposes only. Non-indexed	
	Signature of Dir	ector or Officer			
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in alse information submitted in a document to the UISA (PRESIDENT)				: 01

File Number

7203-545-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SILVER ALLIANCE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 30, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of DECEMBER A.D. 2021.

Desse White.

Authentication #: 2136102356 verifiable until 12/27/2022