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(Requestor's Name)
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(Business Entity Name)
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2022 FEB - 7 PH 4: 28

8. FRANKLIN FEB 1 7 2022

COVER LETTER

TO:	Registration Section Division of Corpor					
SHRI	ECT:	CESCO	O INVESTM	ENTS CORP.		
50130		Name of c	orporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi		or "Certificate of	Good Standi	uthorization to Transact Busiing" and check are submitted in Florida.		
Please	return all correspon	dence concerning (this matter to	o the following:		
VINC	ENT ALLARD					
			Name of Pe	erson		
CORP	OMAX INC.					
			Firm/Comp	any		
2915 (OGLETOWN RD				2022	
NEWA	NRK, DE 19713		Addres	s	FEB 1	10 September 19 Se
INFO	@CORPOMAX.COM		ity/State and	·	7 PH I	
For fu	rther information cor			r future annual report notifica II:	ation), 5.	
VINCENT ALLARD at		302	266-8200			
Name of Person			Area Code	Daytime Telephone N	lumber	
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		ions	
Please	sed is a check for the make check payable to 0.00 Filing Fee		ARTMENT (ee &	\$78.75 Filing Fee & S Certified Copy	\$87,50 Filing Fe Certificate of St 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.

1.		orporation; must include "INCORPORA" orp," "Inc." "Co," or "Corp.")	ED," "CC	OMPANY," "CORPORATION,"		•
	(If name unavaila	able in Florida, enter alternate corporate n	ame adopte	ed for the purpose of transacting bu	siness in Florida)	-
2.	DELAWARE		_ 3			-
	(State or countr	y under the law of which it is incorporate	(t	(FEI number, if applicable)		
4.	JANUARY 31,	2022	5.			_
•	(Date of incorporation) 5.			(Date of duration, if other than perpetual)		
6.						
Ο,		(Date first transacted busin		ida, if prior to registration) .S., to determine penalty liability)	~	•
	2915 OGLETOW	'N RD, #4097, NEWARK, DE 19713			022	
/		(Principa	al office str	reet address)	2022 FEB - 7	 ائر نی - ائر نی -
		•	_		1	*****
		(Current n	nailing add	ress, if different)	····	
					PH 4:	v 1.3 4 21 25
8.	Name and stree	et address of Florida registered agent:	(P.O. Bo:	x NOT acceptable)	PM 4: 28	
	Name:	NRAI SERVICES, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- CO	
Ωt	ffice Address:	ce Address: 1200 SOUTH PINE ISLAND ROAD				
		PLANTATION		, Florida		
		(City)		(Zip code)		

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.

Linda Stauffer, Assistant Secretary
(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				
□Chairman	Name: FRANCESCO COLUBRIALE	□ Chairman	Name:	
□Vice Chairman	2915 OGLETOWN ROAD #4097 Address:	□ Vice Chainnan	Address:	
■Director	NEWARK, DE 19713	□Director		
President		lT1President		
□Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary		□Treasurer
Other	L]Other	[]Other		DOther
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		-
□President		□President		
□Vice President		□ Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasur 22
□Other	Other	□Other		
Chairman	Name:	∐Chairman		
□Vice Chairman	Address:	□Vice Chairman		- F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
□Director		□Director		
[]]President		(TI President		<u>-</u>
□Vice President		□Vice President		
□ Secretary	☐Treasurer	☐ Secretary		□Treasurer
∐Other	[10ther	[*]Other		LlOther
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department	attachment will be image rtment of State Annual Re	d for reporting eport form.	purposes only. Non-indexed
12				
_	Signature of Direct	for or Officer		
The officer or dite she is aware that fas.817.155, F.S.	etor signing this document (and who is listed in nu- alse information submitted in a document to the De	mber 11 above) affirms the partment of State constitu	at the facts stat ites a third degr	ted herein are true and that he or ree felony as provided for in
	FRANCESCO COLUBRIALE	E, PRESIDENT		

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CESCO INVESTMENTS CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2022.

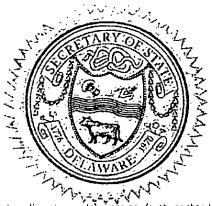
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CESCO

INVESTMENTS CORP." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF

JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

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6584012 8300

SR# 20220335824

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202551794

rathentication, 202331734

Date: 02-02-22