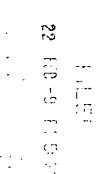
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	, #)			
	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Avocademy Inc			
	Name o	of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate aced foreign corporation to tr	of Good Standi	ng" and check are subn	
Please return	all correspondence concerni	ng this matter to	the following:	
Macarena Baiş	gorria			
		Name of Pe	rson	
Avocademy In	e			
		Firm/Compa	ny	
2125 Biscayne	Blvd Ste 200A			
		Address		
Miami, Florida	ı 33137			
	••	City/State and	Zip code	
maca@avocad	-			
	E-mail address	: (to be used for	future annual report no	otification)
For further in	formation concerning this m	atter, please cal	:	
Marilyn Thom	pson	at (551.1088	
Nam	e of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amoneck payable to: FLORIDA DI ing Fee	EPARTMENT O g Fee & S	F STATE 678.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, 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.

Avocademy Inc			
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATIO	", NC
(If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transact	ing business in Florida
E. Delaware 3. (State or country under the law of which it is incorporated)		87-2842244	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
September 24-2	021		
	of incorporation)	(Date of duration, if other than perpetual)	
),			
, 2125 Biscayne Bl	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 lvd, Ste 200 A, Miami Fl 33137		ility)
	(Principal office	street address)	
			128
	(Current mailing	address, if different)	
3. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	<u>_</u>
Name:	Macarena Baigorria	<u></u>	- 1
Office Address:	2125 Biscayne Blvd, Ste 200A		Ç.
	Miami	 Florida	
	(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 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 Macarena Baigorria ■ Chairman □ Chairman Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: □Director □Director □President □President ☐ Vice President □Vice President □Treasurer □Treasurer ☐ Secretary □ Secretary □Other □Other □Other □Other □ Chairman Name: _____ Name: _____ ☐ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: _____ □ Director □ Director □ President President □ Vice President ☐ Vice President ☐Treasurer ☐ Secretary □ 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: 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 filing your Florida Department of State Annual Report form.

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 14 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.



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

DELAWARE, DO HEREBY CERTIFY THAT "AVOCADEMY, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2021, AT 9:26 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVOCADEMY, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2021.

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

THE PARTY OF THE P

Authentication: 202553932

Date: 02-02-22