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FILLU 2022 FEB 25 AM 7: 21 SECRETARY OF STATE

COVER LETTER

TO:		tration Se on of Cor	ction porations				
SUBJ	ECT:	SOFFE	E TRADING INC				
			Nam	e of corporati	on - mu	st include suffix	
Dear S	Sir or M	adam:					
"Certi	ficate of	Existenc		ite of Good St	anding'	and check are sub	et Business in Florida," emitted to register the
Please	return a	ıll corresț	ondence conce	rning this mat	ter to th	e following:	
			· · · · · · · · · · · · · · · · · · ·	Name (of Perso	on .	
Nichol	as A Sofi	ee					
SOFFF	EE TRAI	DING INC		Firm/Co	mpany		
2598 E	Sunrise	Blvd Suite	: 2104	Adı	dress		
Fort La	auderda	le, FL 330	304	City/State email: nicksof			
			E-mail addre	ss: (to be use	d for fu	ture annual report r	notification)
For fu	rther inf	ormation	concerning this	matter, please	call:		
Nichol	as A So	fee		416 at (30	02-5394	
	Namo	of Perso	n	Агеа Со	ode	Daytime Telep	hone Number
	Regist Divisi The C 2415 I	ration Se on of Cor entre of T	porations allahassee e Street, Suite 8			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, I	ection orporations 7
			the following a e to: FLORIDA		et of s	угате	
□ \$ 70	0.00 Fili	ng Fee	☐ \$78.75 Fil Certificate	ing Fee & e of Status		.75 Filing Fee & tified Copy	S87.50 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.

1.	SOFFE	F Rading ToC reporation: must include INCORPORATED."	COMPANY " "CORPORATIO	
	"Inc.," "Co.," "Co	rp." "Inc." "Co." or "Corp.")	COMI AIVI, COM OIGNIC	<i>~</i> ···
	SOFFEE TRADE	NG INC		
	(If name unavailab	ole in Florida, enter alternate corporate name add	opted for the purpose of transact.	ing business in Florida)
2.		3		
	WYOMING	under the law of which it is incorporated)		
4.	(Date of	of incorporation) 5	(Date of duration if other	r than perpetual)
	(Daic C	of incorporation)	(Date of duration if other	r tiem perpettum,
6.				
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)
7.				
-		(Principal office vd Suite 2104 Fore Lauderdale, FL 33304	street address)	
		(Current mailing	address, if different)	2022 SEC
		_		
8	Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	FEB 25 CREJARY CREJARY
٠.		Nicholas A. Soffee	•	25 ASS
	Name:			
Ο.	ffice Address:	2598 E Sunrise Blvd Suite 2104		AH 7:
·	mee Address.	Fort Lauderdale	33304	H 7:21
		(6'-)	, Florida (Zip code)	D
		(City)	(Zip code)	
9.	Registered age	nt's acceptance:		
H	aving been name	ed as registered agent and to accept service	of process for the above stat	ed corporation at the place
de	signated in this	application, I hereby accept the appointme	nt as registered agent and ag	ree to act in this capacity. I
fu ar	rther agree to co id I am familiar	omply with the provisions of all statutes rela with and accept the obligations of my posit	uive to the proper and comp tion as registered agent.	tete perjormance of my daties,
		Muhelo So	les	
	_	(Registered agent's sign	nature)	

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	Nicholas A Soffee			
□Chairman	Name:2598 E Sunrise Blvd-Suite 2104	□Chairman	Name:	
	Address:F(Lauderdale, FL 33304	□Vice Chairman	Address:	
□Director	Pt Lauderdale, PL 33304	□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	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Signature of Director of	nt,øf State Annual R	eport form.	
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. Nicholas A Soffee, President				

13. _

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SOFFEE TRADING INC

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **November 5, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001050093**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of January, 2022 at 12:02 PM. This certificate is assigned ID Number 049480841.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.