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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

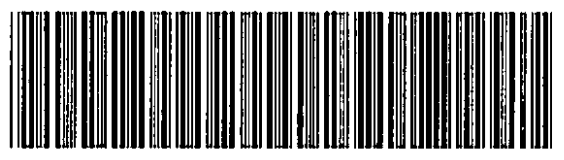
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. ROBERTS

MAR 01 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIVO AMERICA CORP.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERTO DI LENA C.P.A.

Name of Person

MTR & ASSOCIATES LLC

Firm/Company

703 WATERFORD WAY SUITE 805

Address

MIAMI FL 33126

City/State and Zip code

nvelez@mtrepa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO DI LENA

at ( 305 ) 471-5874

Name of Person

Area Code

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 DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 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.

1. AIVO AMERICA CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AIVO AMERICA FLORIDA CORP.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 35-2516295
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/17/2014 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 02/17/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 703 WATERFORD WAY SUITE 805 MIAMI FL 33126.
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MTR & ASSOCIATES LLC

Office Address: 703 WATERFORD WAY SUITE 805

MIAMI, Florida 33126
(City) (Zip code)

FILED
2022 MAR - 1 PM 12: 22
STATE OF FLORIDA
TALLAHASSEE, FL

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: FLORENCIA SCARAFIA  
 Vice Chairman Address: \_\_\_\_\_  
 Director 703 WATERFORD WAY SUITE 805  
 President MIAMI FL, 33126.  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 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 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.

13. FLORENCIA SCARAFIA - PRESIDENT  
 (Typed or printed name and capacity of person signing application)

# Delaware

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The First State

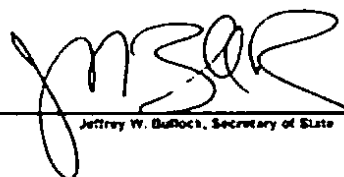
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIVO AMERICA CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIVO AMERICA CORP." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2014.

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



  
Jeffrey W. Bullock, Secretary of State

5605578 8300

SR# 20220548051

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202681438

Date: 02-16-22