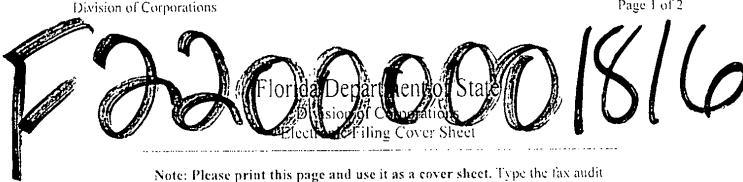
Page 1 of 2



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number (shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES,

Account Number : 120080000045 Phone : (302)645-7400

Fax Number : (302)645-1250

**Enter the email address for this business entity to be used for furthrem annual report mailings. Enter only one email address please.

Email Address: carlos@gosprout.app

FOREIGN PROFIT/NONPROFIT CORPORATION JCV Ventures, Inc.

Certificate of Status 0 Certified Copy 04 Page Count \$78.75 Estimated Charge

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Help

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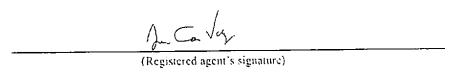
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

JCV Innovat	ions, Inc. able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
Delaware	28	\$-0947803		
(State or country under the law of which it is incorporated)		(FEI number, if applicable) (Date of duration, if other than perpetual)		
(Date	(Date first transacted business in Fl			
	(SEE SECTIONS 607 1501 & 607.1502	F.S., to determine penalty liability	y)	
756 NW 45th Ste	(SEE SECTIONS 607.1501 & 607.1502	F.S., to determine penalty liability	y) 	
756 NW 45th Su-	(SEE SECTIONS 607.1501 & 607.1502 eet Miami, Florida, 33127 (Principal office	F.S., to determine penalty liability	2022 SEC TALL	
	(SEE SECTIONS 607.1501 & 607.1502 eet Miami, Florida, 33127 (Principal office	F.S., to determine penalty liability street address) ddress, if different)	SECRUTARY TALL MHASSE	
Name and stre	(SEE SECTIONS 607.1501 & 607.1502 eet Miami, Florida, 33127 (Principal office (Current mailing a	F.S., to determine penalty liability street address) ddress, if different)	SECRUTATION TAILL NHAS	
Name and stre	(SEE SECTIONS 607.1501 & 607.1502 eet Miami, Florida, 33127 (Principal office (Current mailing a et address of Florida registered agent: (P.O. I Juan Carlos Vazquez 756 NW 45th Street	F.S., to determine penalty liability street address) ddress, if different)	SECRETAKY TALLAHASSE	

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.



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.

(((H22000101814 3)))

A. DIRECTORS				
□ Chairmau	Name:	□Chairman	Name:	
□ Vice Chairman	756 NW 45th Street Address:	□Vice Chairman	Address:	
Director	Miami, Florida, 33127	□Director		
⊏President		□President		
□Vice President		□Vice President		<u> </u>
□Secretary	□Treasurer	□ Secretary		□Treasurer
CEO EOther	□Other	□Other		⊡Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President				
☐ Secretary	Treasurer	Secretary		☐Treasurer
Other	Other	⊕Other		CiOther
□Chairman	Nanic:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
(I)President		□Presidem		
∏Vice President	4-Apr	□Vice President		
□ Secretary	Treasurer	[]Secretary		()Treasurer
ÜOther	□Other	□Other		Other
The officer of dir	Signature of Director signing this document (and who is listed in nu	rtment of State Annual Re tor or Officer anber 11 above) affirms th	eport form.	ed herein are true and that he or
she is aware that s.817,155, F.S.	false information submitted in a document to the Debs Vazquez, CEO	partment of State constitu	ates a third degr	ee felony as provided for in

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

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "JCV VENTURES, INC." 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 EIGHTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JCV VENTURES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2022.

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

6643184 8300 SR# 20221060608

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

Jesting W. Bullege Secretary or State

Authentication: 202948665

Date: 03-18-22