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SECRETARY OF STATE

2022 APR -7 PM 1:17

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: VINI GROUP INC.				
	Name of corporation	ı - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good Star	iding" and check are sub		
Please return all correspondence of	concerning this matte	r to the following:		
Jose Vizzone				
	Name of	Person		
VINI Group Inc				
	Firm/Con	npany		
2365 NW 70th Av Unit C17				
	Addr	ess		
Miami, FL 33183				
	City/State a	and Zip code		
vgethicalsolutions@gmail.com				
E-mail	address: (to be used	for future annual report	notification)	
For further information concerning	g this matter, please o	call:		
Jose Vizzone	786	953-6955	6955  Daytime Telephone Number	
Name of Person	Area Cod	le Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
5	RIDA DEPARTMENT	TOF STATE  ☐ \$78.75 Filing Fee &  Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

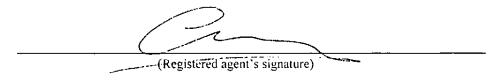
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

VINI GROUP INC.						
		orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED." "	COMPANY," "CORPORATIO	",N(	
(If	f name unavail	able in Florida, enter alternate corporate	name ado	pted for the purpose of transacti	ing business in Florida)	
2. B	elize		3	<u></u>		
2. (State or country under the law of which it is incorporate		<u>-d)</u>	(FEI number, if applicable)			
4. 10	0/31/2016		5.			
(Date of incorporation)		of incorporation)	_	(Date of duration, if other	than perpetual)	
6.						
7. <sup>236</sup>	65 NW 70th A	(Date first transacted busin (SEE SECTIONS 607.1501 & 0 ve Unit C-17 Miami, FL 33122		orida, if prior to registration) F.S., to determine penalty liabi	lity)	
		(Princip	al office <u>s</u>	street address)		
_		(Current	mailing a	ddress, if different)	2022 5E TÁL	
8. Ni	ame and <u>stree</u> Name:	et address of Florida registered agent: V&G Ethical Solutions Corp	(P.O. B	ox <u>NOT</u> acceptable)	2022 APR - 7 P	
Offic	e Address:	5600 SW 135th Ave Suite 200D		_	PH 1: 1	
		Miami		, Florida	RICE II	
		(City)		(Zip code)	7	

## 9. Registered agent's acceptance:

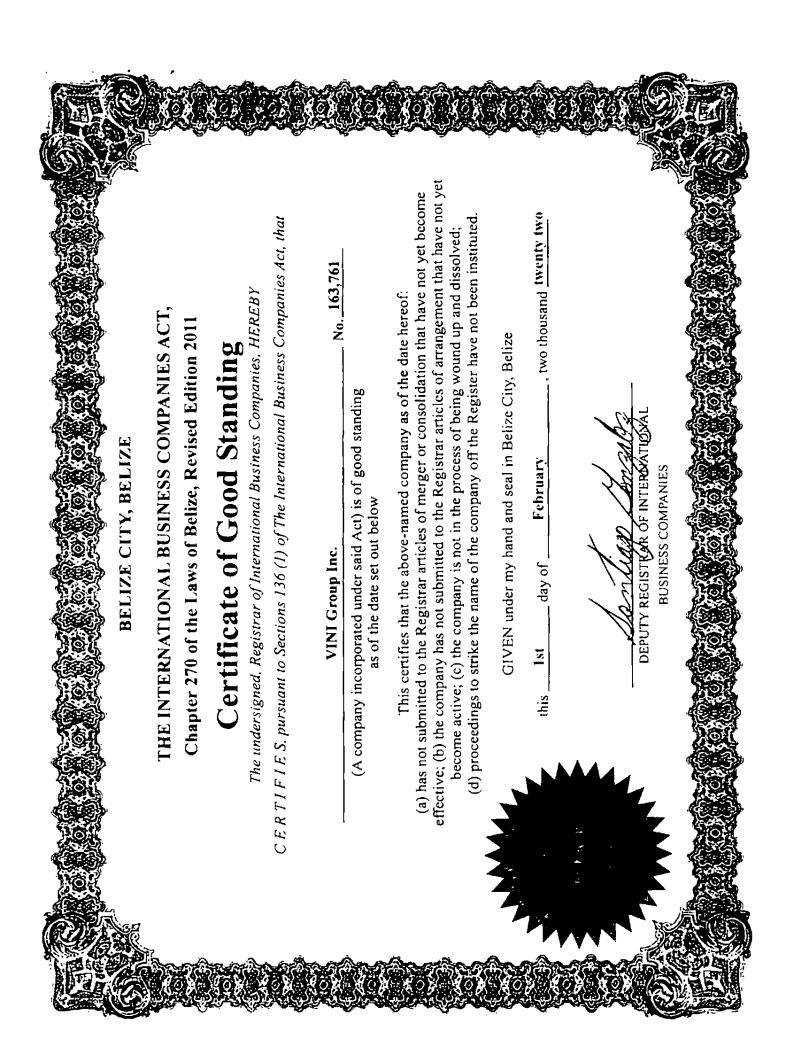
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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.

#### A. DIRECTORS Jose Vizzone Name: □ Chairman □Chairman Name: \_\_\_\_\_ 2365 NW 70th Ave Unit C17 □Vice Chairman Address: ☐ Vice Chairman Address: Miami, FL 33122 ■ 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 \_\_\_\_\_ □ 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 \_\_\_\_ 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. 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.

Director



# VINI Group Inc.

# Incorporated under the International Business Companies Act Chapter 270 of the Law of Belize

We, the undersigned, being the Sole Subscriber to the Memorandum and Articles of Association of the above named company.

Hereby elect the following to be the first director of the Company:

## JOSE VIZZONE

Dated this 31st day of October, 2016.

For and on behalf of Arias, Fábrega & Fábrega (Belize) Limited

Noemi Ramos

**Authorized Signatory**