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S. ROBERTS APR 1 3 2022

COVER LETTER

_	stration Section sion of Corporations		
SURIFCT	PEOPLENEXT INC.		
	Name c	of corporation	n - must include suffix
Dear Sir or M	Madam:		
"Certificate	I "Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Star	r Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.
Please return	all correspondence concerni	ng this matte	er to the following:
BARBARA C	CONDIT CANNING ESQ		
	<u> </u>	Name of	Person
CANNING &	CANNING LLC		
		Firm/Cor	mpany
1000 SKOKI	E BLVD. STE 355		
_		Addı	ress
WILMETTE.	IL 60091		
		City/State a	and Zip code
canningbarba	ra@comcast.net		
	E-mail address	to be used:	for future annual report notification)
For further in	nformation concerning this m	atter, please	call:
Barbara Cann	ing	847	853-7041
Nar	ne of Person	Area Coo	de Daytime Telephone Number
Regi Divi The 2415	REET/COURIER ADDRESS istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	a check for the following amo theck payable to: FLORIDA DE ling Fee	EPARTMEN g Fee & — (T OF STATE ☐ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certified Copy 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.

PEOPLENEXT	INC.				
(Enter name of co	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D." "COMPAN"	Y," "CORPORATIO	N."	
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopted for the	purpose of transacting	ng business in Florida)	
DELAWARE		3			
	y under the law of which it is incorporated)	J	(FEI number, if ap	oplicable)	
4. MARCH 19, 20:	20	PERPETUAL	-		
	of incorporation)		(Date of duration, if other than perpetual)		
6.					
7 1100 5th Avenue	(Date first transacted business (SEE SECTIONS 607.1501 & 607 South Suite 302 Naples Florida 34102			ity)	
· · ·		office <u>street</u> addre	ess)		
				2022	
		iling address, if d		2022 APR 13 AM 9:	
8. Name and stree	et address of Florida registered agent: (I	P.O. Box NOT	acceptable)		
Name:	BERNARD LAYTON			AM 9	
Office Address:	1100 5th Avenue South Suite 302			9: 03	
	Naples	, Florid	34102 a		
	(Citv)		(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.

Bernal Luta (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	BERNARD LAYTON Name:		Name:
□Vice Chairman			Address: South Suite 302
Director	1100 5th Avenue South Suite 302	□Director	Naples Florida 34102
∐President	Naples Florida 34102	President	
□Vice President		□ Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
Other	□Other	□Other	Other
LIChairman	Name:	∐Chairman	Name:BERNARD LAYTON
□Vice Chairman	Address:	_ □ Vice Chairman	Address:
Director	1100 5th Avenue South Suite 302	□Director	1100 5th Avenue South Suite 302
□President	Naples Florida 34102	President	Naples Florida 34102
□Vice President		□ Vice President	
☐ Secretary	■ Treasurer	Secretary	□Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:		Address:
□Director		_ Director	44,000
□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). c added to the index when filing your Florida D	epartment of State Annual Re	port form,
12	Bence of Dissipature of Di	irector or Officer	
The officer or dire	ctor signing this document (and who is listed in also information submitted in a document to the	number 11 above) affirms th	at the facts stated herein are true and that he or

BERNARD LAYTON, PRESIDENT



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

DELAWARE, DO HEREBY CERTIFY "PEOPLENEXT 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 ELEVENTH DAY OF APRIL, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203142473

Date: 04-11-22