## <del>(22000003412</del>

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2022 MAY 31 PH 4: 31



S. FRANKLIN JUN 0 2 2022 Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/31/2022	PRIORITY Regular Approval	OUR REF_#_(Orde	<b>r_ID#)</b> 1042385
ORDER ENTITYBINIBI INC.			7022 FAY (
PLEASE PERFORM THE FOLLOW	ING SERVICES:		ω
BINIBI INC. (FL)			PH 등
File the attached foreign qualification	on document		ن ج ي ع
NOTES:			
\$70.00 Authorized Email address for annual report remi	inders: Shawn.Linan@unisearch.com		
RETURN/FORWARDING INSTRU ACCOUNT NUMBER: I20050000052	ICTIONS:		
Please bill the above referenced acco	ount for this order.		
If you have any questions please cor	ntact me at 656-7956,		
Sincerely,			

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 31, 2022 Page 1 of 1

## 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.

BINIBI INC				
(Enter name of "Inc.," "Co.,"	of corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unav	railable in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Fl	orida)
2. DELAWARI	E3.			
(State or cou	ntry under the law of which it is incorporated)	is incorporated) (FEI number, if applicable)		
JANUARY 7	7, 2022			
4. (D	(Date of incorporation) 5. (Date of duration, if other th		perpetual)	
6. MARCH 13.	2022			
77	AVE #401 MIAMI, FLORIDA 33129	ce street address)	2022 H Y 3 I	10 to 50 to
	(Current mailin	g address, if different)	PH H:	لمد
8. Name and <u>st</u>	reet address of Florida registered agent: (P.C	D. Box NOT acceptable)	$\frac{\omega}{2}$	
Name:	ANA SOFIA GUZMAN			
Office Address:	1600 SW 1ST AVE #401			
	MIAMI	Florida 33129		
	(City)	(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 plac designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duand 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 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.

41. Enginited indusing supposed list names titles and addresses of the primary officers and/or directors (up to six (6) totall:

A. DIRECTORS	Name:	□Chairman	Name:				
□ Chairman	1600 SW IST AVE #401		Address:				
□Vice Chairman	Address:	□Vice Chairman	MIAMI, FLORIDA 33129				
Director		Director					
□President		□President					
☐Vice President		☐ Vice President					
Secretary	Treasurer	☐ Secretary	□Treasurer				
CEO	□Other	Other	Other				
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	□Secretary	□Treasure 7				
Other	Other	□Other	Other $\omega$				
			<del>-</del> 7				
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address: ω				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	Secretary	☐Treasurer				
Other	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.  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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BINIBI 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 THIRTY-FIRST DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BINIBI INC." WAS INCORPORATED ON THE SEVENTH DAY OF JANUARY, A.D. 2022.

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



Authentication: 203552383

Date: 05-31-22