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S. ROBERTS
MAY 2 4 2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Finhabits Inc.				
	Name of corporation	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corporations of the corporation of	ertificate of Good Star	iding" and check are sub	ct Business in Florida," mitted to register the	
Please return all correspondence	concerning this matter	r to the following:		
Carlos Garcia				
	Name of	Person		
Finhabits Inc.				
	Firm/Con	npany		
413 W 14 St Suite 200				
	Addr	ess		
New York, NY 10014				
	City/State a	nd Zip code		
carlos@finhabits.com				
E-mai	address: (to be used	for future annual report r	iotification)	
For further information concerning	ng this matter, please o	call:		
Ana Medina	786	5034943	5034943	
Name of Person	Area Cod	e Daytime Telepl	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 Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	RIDA DEPARTMENT	OF STATE \$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.

Finhabits Inc.				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
Delaware 2.	3. 47-3588998			
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	
March 31, 2015	5.			
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 602, F.S., to determine penalty liabil	lity)	
7. 434 W 14 St, Suit	e 200, New York, NY 10014			
	(Principal offi	ce <u>street</u> address)	<u> </u>	
			202	
	(Current mailin	g address, if different)	H = T	
			PHAY 24	
3. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	Ana Medina		AH 9	
Office Address:	801 Brickell Key Blvd #2407		<u> </u>	
	Miami	 , Florida ³³¹³¹	, 0	
	(City)	(Zip code)		
Having been nam lesignated in this further agree to co	ent's acceptance: ed as registered agent and to accept servion application, I hereby accept the appoint comply with the provisions of all statutes row with and accept the obligations of my pos	ent as registered agent and agr elative to the proper and comple	ree to act in this capacity.	
	Amedin			
_	(Registered agent's si	gnature)		
IO Attached is a c	certificate of existence duly authenticated,	not more than 90 days prior to d	elivery of this application t	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•		
□Chairman	Name: Carlos Garcia	□Chairman	Name: Ana Medina
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	New York, NY 10014	□Director	Miami, FL 33131
President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Noam Ohana	□Chairman	Name:
	Address: 434 W 14 St Suite 200		Address:
■Director	New York, NY 10014	□Director	
□President		□President	
□Vice President		□ Vice President	
☐Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	□Other	Other
T Chairman	Julien Serdaru	□ Chairman	Name:
□Vice Chairman	Address: 434 W 14 St Suite 200		Address:
Director	New York, NY 10014	□ Director	radicus,
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	☐ Treasurer
Other CTO	Other	□Other	Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Deptia		
12.	Signature of Dire	ector or Officer	Jenne - Lan

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 "FINHABITS 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 SIXTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINHABITS INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2015.



Authentication: 203410428

Date: 05-16-22