

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilises Eliki, Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W22000054761 054"
W22000054761

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2022 APR 15 PH 7: 03

S. FRANKLIN JUN 1 6 2022

COVER LETTER

Division of Corporations			
SUBJECT: VIANAIR INC.			
Name	of corporation - r	nust include suffix	
Dear Sir or Madam:			
	e of Good Standir	thorization to Transact Business in Floriding" and check are submitted to register the in Florida.	
Please return all correspondence concern	ing this matter to	the following:	
Stavros Sidiropoulos			
	Name of Per	rson	
Vianair Inc.			
	Firm/Compa	ny	
60 E 8th St, Apt 8M			
	Address		
New York, NY 10003			2022 AFR 15
	City/State and	Zip code	- 2
stavros@vianair.com			-
E-mail addres	s: (to be used for	future annual report notification)	5
For further information concerning this	matter, please call	:	PH 1: US
Stavros Sidiropoulos	at (<u>862</u>)	8676311	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following an Please make check payable to: FLORIDA E \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT Ong Fee &	F STATE 78.75 Filing Fee & S87.50 Filing Certified Copy Certificate of Certified Cop	Status &

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.

(If name unavailab	de in Florida, enter alternate corpora	ate name adopted for the purpose of transacting business in Florida)	
DELAWARE	AWARE 3. 36-4863035 Ite or country under the law of which it is incorporated) (FEI number, if applicable)		
	under the law of which it is incorpo	orated) (FEI number, if applicable)	
03/15/2017		5. (Date of duration, if other than perpetual)	
(Date o	f incorporation)	(Date of duration, if other than perpetual)	
			
		business in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
60 E 8th St, Apt 81	1, New York, NY 10003	,, ,, ,, ,, ,	
<u> </u>	(Prin	ncipal office street address)	
	·		
	(Сите	ent mailing address, if different)	
		ent mailing address, if different) ent: (P.O. Box NOT acceptable)	
. Name and street		ent: (P.O. Box NOT acceptable)	
Name:	BUSINESS FILING		
	1200 SOUTH PINE 1	C) AND ROAD	
CC A .I.I.		<i>35</i> 524	
office Address:	OLAN TATION	. Florida Zip code)	
ffice Address:	TEMP (AIN)	(7' - 1)	

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						
■ Chairman	Name: Stavros Sidiropoulos	□ Chairman	Name:			
□Vice Chairman	Address: 60 E 8th St, 8M	□Vice Chairman	Address:			
□Director	New York, NY 10003	■Director	Watchung NJ 07069			
□President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	□Other			
□Chairman □Vice Chairman	Name: Philippe Garinois Address: 22 CPS #3	□Chairman	Name: 46 Petrou Sindika Address:			
Director	New York NY 10019	■Director	Thessaloniki, Greece 54248			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairmaπ	Name:	□Chairman	Name: 22			
□Vice Chairman	Address:	□Vice Chairman				
□Director		□Director	- <u> </u>			
□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 of	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.						

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VIANAIR 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 FOURTH 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 SAID "VIANAIR INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2017.

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

APR 15 PH 7: 14

Authentication: 203088138

Date: 04-04-22



April 26, 2022

STAVROS SIDIROPOULOS 60 E 8TH ST APT 8M NEW YORK, NY 10003 US

SUBJECT: VIANAIR INC. Ref. Number: W22000054761

We have received your document for VIANAIR INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

> REOFINED JUN 1: 1...

Letter Number: 822A00009730