## F2200000 4510

(Requestor's Name)					
(Ad	(Address)				
(Address)					
(Cit	y/State/Zip/Phone	o #0			
(Cit	yrotaterzipit none	<i>5 m</i> )			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	me)			
,	•	,			
(D-					
(LC	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
	· ······g -·····-				
		ļ			

Office Use Only



900390755609

07/12/23--01003--008 \*\*78.75

ME IL IE D 2022 JUL 12 AM 8: 23

## COVER LETTER

TO:	Registration Section Division of Corporations						
CHD	Fiado, Inc						
SUB	JECT:	Name of corpor	ation - mu	st include suffix			
Dear !	Sir or Madam:						
"Certi	ificate of Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact by	Standing'	and check are sub			
	e return all corresp Schwartz	ondence concerning this m	atter to th	e following:			
-		Nam	c of Perso	on .	· ·		
Fiado,	Inc.						
-		Firm/	Company		<del></del>		
8261	65th St.						
-			Address	· <del></del> ··			
Jamai	ca, NY, 11432						
		City/St	ate and Zi	p code			
jas@tī	ado.today						
		E-mail address: (to be u	sed for fu	ture annual report	notification)		
For fu	orther information	concerning this matter, ple	ase call:				
Jeff A.	Schwartz.	347	4	449-9534			
		at (					
	Name of Person	n Area	Code	Daytime Telep	hone Number		
	STREET/COL	IRIER ADDRESS:		MAILING A	DDRFSS.		
Registration Section				Registration Section			
Division of Corporations The Centre of Tallahassee				Division of Corporations			
				P.O. Box 6327			
	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303		Tallahassee, FL 32314			
		the following amount: c to: FLORIDA DEPARTM	ENT OF	STATE			
	0.00 Filing Fee	□ \$78.75 Filing Fee &		.75 Filing Fee &	☐ \$87.50 Filing Fee,		
_ •.	· ······•	Certificate of Status		tified Copy	Certificate of Status &		

## **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. Fiado, Inc. 1 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 87-1610443 (State or country under the law of which it is incorporated) (FEI number, if applicable) July 7th 2021 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 318 NE 117th St. Miami, Fl. 33161 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Deirdre Bobadilla Name: 318 NE 117th St., Miami, Fl, 33161 Office Address: 33161 Miami (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 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.

(Registered agent's signature)

	ратиге воржина	moi :	Jaime J. Koniesgii	
☐ Chairman	Name:	□ Chairman	Name: 30 W 63rd St Apt 18 OPR	
□Vice Chairman	Address: Miami, Fl. 33161	□Vice Chairman	Address: NY, NY, 10023	
□Director		Director		
President		□President	·····	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other		□Other		
□Chairman	Ma. del Consuelo Valverde  Name:  39 Mesa St., Ste. 207,  Address:	□Chairman □Vice Chairman	Name:	
Director	San Francisco CA 94129	□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	<del></del>	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	☐Treasurer	
□Other		□Other	□Other	
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Director of Signature of Director	pt of State Annual Re	sport form.	
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the pepart adilla, CTO & President			

(Typed or printed name and capacity of person signing application)

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIADO, 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 FIFTEENTH DAY OF JUNE, 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 "FIADO, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 2021.

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

at corp.delaware.gov/auti

Authentication: 203494433

Date: 06-15-22

6065940 8300 SR# 20221601514