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ů,						
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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COVER LETTER

	egistration Section Division of Corporations		
SUBJEC	T: KashlO Inc.		
БСБСЕС	```````	corporation -	- must include suffix
Dear Sir o	or :Madam:		
"Certifica		f Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
Please ret	um all correspondence concerning	g this matter t	o the following:
Antonio R	olando		
		Name of P	erson
Kashio Ind	2.		
		Firm/Comp	pany.
80 SW 8T	H ST STE 2000		
J. 111111111111111111111111111111111111		Addres	ss
MIAMI. F	TL 33130		
		City/State an	d Zip code
jorge.bracl	ho@kashio.net		
	E-mail address:	(to be used fo	or future annual report notification)
For furthe	er information concerning this mat	tter, please ca	II:
Jorge Brac	racho at (853-6494		853-6494
1	Name of Person	Area Code	Daytime Telephone Number
R D T 2	TREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please mal	is a check for the following amount to the check payable to: FLORIDA DEI Filing Fee	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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.

KashIO Inc.			
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting bu	siness in Florida)
2. Delaware		3	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applications)	ible)
4. 01/26/2017		5	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
6. 03/11/2022			
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	2022
1		office street address)	JUL 18
	(Current mai	ling address, if different)	3 3
8. Name and stree	et address of Florida registered agent: (F	P.O. Box <u>NOT</u> acceptable)	UL 18 AH 7: 47
Office Address:	80 SW 8TH ST STE 2000		
	Miami	Florida 33130	
	(City)	, Florida 33130(Zip code)	
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my (Registered agent's	ntment as registered agent and agree to s relative to the proper and complete po position as registered agent.	act in this capacity. I

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:	□Chairman	Name:				
□Vice Chairman	Address: 80 SW 8TH ST STE 2000	□Vice Chairman	Address: 80 SW 8TH ST STE 2000				
Director	MIAMI, FL 33130	Director	MIAMI, FL 33130				
President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐Secretary	□Treasurer				
Other CEO	Other	■Other CFO	□Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
∐Vice President		□Vice President	A PART OF THE PART				
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	□Other				
(7a)		77cm :					
□Chairman _	Name:	□Chainnan _	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		President					
□Vice President		□Vice President					
☐Secretary ·	□Treasurer	□Sccretary	☐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 \$8.817.155, F.S.

, Jorge Bracho - CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KASHIO 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 TWELFTH DAY OF JULY, 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.



Jeffrey VI Bullect, Secretary of State

Authentication: 203893312

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