## F2200005040

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Document Number)
Certified Copies Certificates of Status
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AUG 10 2022

M. SOLOMON

## **COVER LETTER**

**	tration Section on of Corporations		
SUBJECT:	MAVLIO, INC.		
oobone	Name of corporation - must	include suffix	
Dear Sir or Ma	adam:		
"Certificate of	"Application by Foreign Corporation for Authori "Existence." or "Certificate of Good Standing" as ted foreign corporation to transact business in Flo	nd check are submitte	siness in Florida," ed to register the
Please return a	all correspondence concerning this matter to the f	ollowing:	
Michael Karsch	n. Esquire		
	Name of Person		
Lorium Law			
	Firm/Company	-	
197 South Fede	eral Highway, Suite 200		~ *
	Address		
Boca Raton, Fl.	. 33432		* . **
	City/State and Zip c	ode	
mkarsch@loriu			
	E-mail address: (to be used for future	e annual report notifi	cation)
For further info	ormation concerning this matter, please call:		
Michael Karsch	, Esquire 361 361-	1000	
Name	of Person Area Code	Daytime Telephone	Number
Registi Divisio The Co 2415 N	ET/COURTER ADDRESS: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
	5		\$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.

(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida)
Delaware	3.	87-3549398	
(State or country 8/23/2021	under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpet	ual)
31 NE 17th Street,	(SEE SECTIONS 607.1501 & 607.150 , Miami, FL 33132 (Principal offic	e street address)	
31 NE 17th Street	(Principal offic , Miami, FL 33132	e <u>street</u> address)	
<u> </u>	(Current mailing	address, if different)	·- 3
Name and <u>street</u>	address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Lerium Law		
fice Address:	197 South Federal Higway, Suite 200		
	Boca Raton	, Florida	
	(City)	(Zip code)	٠.

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.

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

## A. DIRECTORS Steve Shaffer Name: Name: Chad Epling □ Chairman □ Chairman □Vice Chairman Address: 31 NE 17th Street Address: 31 NE 17th Street ☐ Vice Chairman Director Miami, FL 33132 Miami, FL 33132 Director □President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer Officer Officer □Other \_\_\_\_\_ □Other □Other Name: Vamsi Putrevu Name: Cynthia Hollen Chairman ☐ Chairman □Vice Chairman Address: 31 NE 17th Street □ Vice Chairman Address: 31 NE 17th Street <u>Miami</u>, FL 33132 ■ Director ■ Director Miami, FL 33132 ☐ President □President \_\_\_\_\_\_ □ Vice President □ Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer Other □Other \_\_\_\_\_ Name: James Thomson Name: \_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: 31 NE 17th Street Address: \_\_\_\_\_ □Vice Chairman Director Miami, FL 33132 □Director □President □ President ☐ Vice President □Vice President □ Secretary □T/easurer □ Secretary ☐ Treasurer □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. 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.

Cynthia Hollen, CEO



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

DELAWARE, DO HEREBY CERTIFY "MAVI.IO, 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 TWENTY-SIXTH 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.

Authentication: 204005565

Date: 07-26-22



July 16, 2022

MICHAEL KARSCH, ESQ 197 S FEDERAL HWY STE 200 BOCA RATON, FL 33432

SUBJECT: MAVI.IO, INC. Ref. Number: W22000093324

We have received your document for MAVI.IO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Consina Griffin-Greaux Regulatory Specialist II

Letter Number: 922A00015894

RFCEIVED