F22000005345

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

Office Use Only



000391357770

3 23 22--30 14 --021 **€**€7.00

AND THE STATE OF THE PARTY OF T

AUG 23 2022 M. SOLOMON

COVER LETTER

	tration Section ion of Corporatio	ns				
	L'AQUA INNOV					_
SUBJECT:		Name of corporation	ı - musl	include suffix		
Dear Sir or M	adam:					
"Certificate o	f Existence," or	Foreign Corporation for Certificate of Good State oration to transact busin	កជាពេទ្ធ ខ	ina check are suom	Business in Floric itted to register th	la," e
Please return	all corresponden	ce concerning this matte	r to the	following:		
Daniel Maran	0					
		Name o	Person			25
L'AQUA Inno	vations Con					
		Firm/Co	mpany			75.7
458 Germain	Avenue					Š
		Add	ress			
Naples Florid	a 34108					60 J
		City/State	and Zip	code		च्ह
dmarano1010	@amail.com					
	E-1	nail address: (10 be used	for futt	ire annual report no	otification)	
For further in		rning this matter, please				
Daniel Marar	ເດ	at (_)			
Nar	ne of Person	Area Co	ode	Daytime Teleph	one 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 Please make # \$70.00 F	check payable to: I	ollowing amount: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE 75 Filing Fee & titled Copy	S87.50 Filin Certificate C	of Status &

RECEIVED AUG 2 3 2022

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.

		name adopted for the purpose of transacting business in F		
Vew York		3. (FEI number, if applicable)		
6/20/2019		5. (Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	_	
8 Germain Ave	nuc, Naples Florida 34108		12:00	
	(Princip	al office <u>street</u> address)	;- '- ;- '-	
	(Current	mailing address, if different)	- 5.7 22.7 27.7 7.7 7.7 7.7 7.7	
Name and street	t address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	ان دن ت ^د	
Name:	Daniel Marano			
ice Address:	458 Germaine Avenue			
THEE Address.	Naples Florida	, Florida <u>34108</u>		
	(City)	(Zip code)		

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.

•	j
-	****
Ţ	
1	7
ŗ	•

A. DIRECTORS				
≅ Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Naples Florida 34108	□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		□President		 -
□Vice President		□ Vice President		
Secretary	□Treasurer	☐ Secretary		☐Treasurer → AS
Other	□Other	Other		Other ST W
□ Chairman	Name:	□Chairman	Name:	PH -
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
Director		□Director		
President		□President		
□Vice President		□Vice President		
□ Secretary	[]Treasurer	□ Secretary		☐ Treasurer
Other		[]Other		Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	achmen will be image tent of State Annual R	ed for reporting peport form.	purposes only. Non-indexed
12.	Signature of Director	or Officer		· · · · · · · · · · · · · · · · · · ·
she is aware that (s.817.155, F.S.	ector signing this document (and who is listed in numb alse information submitted in a document to the Depart	er 11 above) affirms t	hat the facts state utes a third degre	ed herein are true and that he or the felony as provided for in

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

L'AQUA INNOVATIONS CORP.

DOS ID Number:

5574384

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

06/20/2019

Statement Status:

PAST DUE DATE

Statement Due Date:

06/30/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 11, 2022 at 09:49 A.M.

Brandon Co Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001847575 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov



August 4, 2022

DANIEL MARANO L'AQUA INNOVATIONS CORP 458 GERMAIN AVENUE NAPLES, FL 34108

SUBJECT: L'AQUA INNOVATIONS CORP.

Ref. Number: W22000101250

We have received your document for L'AQUA INNOVATIONS CORP. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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

Letter Number: 522A00017465

Mel Solomon Senior Section Administrator

www.sunbiz.org