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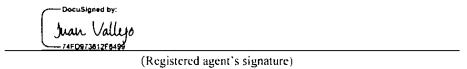
COVER LETTER

Division of Corporations		
JJV FOODS FL INC		
SUBJECT: Name o	f corporation -	must include suffix
	Corporation	must metude summ
Dear Sir or Madam:		
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standi	
Please return all correspondence concernin TRAVIS J. JACOBS, ESQ.	g this matter to	the following:
	Name of Pe	rson
THE JACOBS LAW LLC		
	Firm/Compa	ınv
36 BROMFIELD STREET, SUITE 502	·	•
	Address	
BOSTON, MA 02108		2017:
	City/State and	Zip code
office@thejacobslaw.com	-	, '
E-mail address:	(to be used for	future annual report notification)
For further information concerning this ma	tter, please cal	:
Travis Jacobs	800	652-4783
8	nt (Daytime Telephone Number
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 amount Please make check payable to: FLORIDA DEL \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT O Fee & □ \$	F STATE 78.75 Filing Fee & 🗵 \$87.50 Filing Fee. Certified Copy 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. JJV FOODS FL INC (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) 3. (FEI number, if applicable) 2. (State or country under the law of which it is incorporated) 07/07/2022 (Date of duration, if other than perpetual) (Date of incorporation) 07/26/2022 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1100 CORNERSTONE BLVD., SUITE 1000, DAYTONA BEACH, FL 32117 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JUAN VALLEJO Name: 6 CREEK BLUFF WAY Office Address: ORMOND BEACH 32174 _____ . Florida _ (City) 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.

DocuSign Envelope ID: ED506717-F654-4CD4-8762-FEA92780FC11

A. DIRECTORS JUAN VALLEJO **X**iChairman □ Chairman Name: _____ 6 CREEK BLUFF WAY □Vice Chairman □ Vice Chairman Address: Address: ORMOND BEACH **⊠**Director □ Director FLORIDA, 32174 XI President □ President □Vice President □ Vice President **X**)Secretary ▼ Treasurer □ Secretary □Treasurer □Other _____ ☐Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: Name: Address: □Vice Chairman Address: ______ □ Vice Chairman □ Director □ Director □President □ President □Vice President ___ ☐ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other _____ □Other __ ____ □Other _ ____ □Other _____ Name: _____ ☐ Chairman ☐ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □Director □Director ☐President ☐ President □Vice President ____ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ 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. JUAN VALLEJO

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Filing No. W22000105268/ Letter of Consent

Dear Sir/Madam,

Please be advised that I am the sole Officer and Director of the business JJV FOODS FL INC, a Domestic corporation formerly registered with this office. I voluntarily dissolved the Domestic Corporation on July 25, 2022. I am filing this letter of consent in order to use the name JJV FOODS FL INC, with filing number W22000105268 as a Foreign Florida corporation. I am consenting for JJV FOODS FL INC to use the name with no restrictions or stipulations.

Juan Vallys

Juan Vallejo, President of JJV FOODS FL INC 6 Creek Bluff Way Ormond Beach, FL 32174

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "JJV FOODS FL INC" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A DEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2022.

2022 S. -1 Pii 4: -0

at corn delaware gov/aut

Authentication: 203937146

Date: 07-18-22

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You may verify this certificate online at corp.delaware.gov/authver.shtml