

(Requestor's	Name)
/A -f.J	<u>.</u>
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,	
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PICK-UP V	VAIT MAIL
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COVER LETTER

10:	-	atton Section					
	Division	n of Corporations					
		life Ventures Marketing Inc					
SUBJ	ECT: _						
		Name o	f corporation	- must include	suffix		
Done C	Sir or Mad	1					
Dear 3	or Mac	iam;					
"Certi	ficate of E	Application by Foreign Cor Existence," or "Certificate of deforeign corporation to tra	of Good Stanc	ling" and chec			
Please	return all	cprrespondence concernir	ng this matter	to the following	ng:		ہے
	lo Soto	'	Ü		U		~,
	. <u> </u>						<u> </u>
			Name of F	erson			
Life V	entures Ma	arketing Inc					 ()
			Firm/Com		-		
601 B	ickell Key	Dr. Suite 700	rinivConi	oany			;
001 151	ickell itey	7,5une 700					•••
			Addre:	SS			
Miami	. 33131						Ç
			City/State an	d Zip code			
info@	lifeventure	smarketing.com					
		E-mail address:	(to be used for	or future annu	al report noti	fication)	
					.,	,	
For fu	rther info	rmation concerning this ma	atter, please ca	ıD:			
		i.					
Eduardo Soto			786	8345011			
	Nama	of Person	at (Area Code	_)	me Telephor	a Number	
	ivaine t	or retson	Area Code	Dayti	me retepnor	ie Number	
STREET/COURIER ADDRESS:					MAILING ADDRESS:		
	Registration Section Registration Section						
	Division of Corporations The Centre of Tallahassee Division of Corporations P.O. Box 6327				orations		
		. Monroe Street, Suite 810				20214	
		ssee, FL 32303		1 4114	hassee, FL	32314	
	i allalla.	SSCC, P.L. 32303					
Enclos	sed is a ch	neck for the following amou	unt:				
		k payable to: FLORIDA DE		OF STATE			
).00 Filing			\$78.75 Filing	Fee & I	■ \$87.50 Filing	Fee,
		Certificate of	f Status	Certified Co	-	Certificate of Certified Cop	Status &
		ĺ					

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

Life Ventures M	7			
(Enter name of co			D," "COMPANY," "CORPORATION,"	
LVM Inc				
Delaware		•	ne adopted for the purpose of transacting business in	Florida)
(State or country	ı I		(FEI number, if applicable)	
(Date N/A	of incorporation	on)	(Date of duration, if other than perpetual	1)
601 Brickell Key		Miami, FL 73131	.1502, F.S., to determine penalty liability) ffice street address)	
•		(Current mai	ling address, if different)	; ;
Name and street Name:	t address of F Eduardo Sot		P.O. Box NOT acceptable)	د. ۰
Office Address:	601 Brickell	Key Drive, Suite 700		••
	Miami		33131 , Florida	,
). Registered age	ent's acceptai	(City)	(Zip code)	

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.

(Registered agent's signature)

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	स्व	luardo Soto		Ceornin	a Ilosvay Molnar
Chairman	Name:	601 Brickell Key Dr. St 700	Chairman		rickell Key Drive, St 700
□Vice Chairman	Address:	miam; fl 33131	■Vice Chairman		ami, FL 33/31
□Director			□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
□Other		Other	□Other		□Other
					<u>.</u>
□Chairman	Name:		□Chairman	Name:	
□Vice Chairman	Address:		□ Vice Chairman	Address:	
□Director			Director		 .)
□President			□President		
□Vice President			□Vice President		
□Secretary		□Treasurer	Secretary		□Treasurer
□Other		Other	Other		□Other
Important Notice: I	ice an attac	ament to report more than six (6). The atta	chmant will be image	d for reporting pu	ornosas antu Non indavad
individuals may be	added to th	ne index when filing your Florida Departme	ent of State Annual Re	eport form	nposes only. Ivon-macked
12.	_	Саши		noc	
she is aware that fa s.817.155, F.S. Eduardo Sot	lse informa	Signature of Director of this document (and who is listed in number to near the Depart	r 11 above) affirms th		
13	(7	Typed or printed name and capacity of person	on signing application	ı)	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "LIFE VENTURES MARKETING 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-FIRST DAY OF NOVEMBER, A.D.

2022.

260, 13 E. P. P. O



7828830 8300

SR# 20223807517

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

Jeffrey W Bulleck, Secretary of State

Authentication: 204905525

Date: 11-21-22