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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ELEPHANT SKIN GROUP CORP.	
Name of corporation - m	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register the
Please return all correspondence concerning this matter to t	the following:
MICHEL DE AMORIM	
Name of Pers	son
DRUMMOND CONSULTING LLC	
Firm/Compan	ıy.
601 BRICKELL KEY DRIVE STE 901	
Address	
MIAMI - FL 33131	
City/State and 7	Lip code
COMPLIANCE@DRUMMONDADVISORS.COM	
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
AICHEL DE AMORIM 781 770-0005 at ()	
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	MAH.ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
· ·	STATE 8.75 Filing Fee & S87.50 Filing Fee, ertified 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.

(It name unavark	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting by	isiness in Florida)		
DELAWARE 3		S6-3154348 FEL number if applicable)			
04/05/2021	dider the has of which tels mediplicated?	(FEI number, if applicable) 5(Date of duration, if other than perpetual)			
(Date	of incorporation)				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)	Florida, if prior to registration) 02, F.S., to determine penalty liability)			
360 NW 27TH S	FREET STE 119 MIAMI, FL 33127				
		e <u>street</u> address)			
360 NW 27TH S	TREET STE 119 MIAMI, FL 33127				
	(Current mailing	g address, if different)			
Name and stree	t address of Florida registered agent: (P.O DRUMMOND CONSULTING LLC	. Box NOT acceptable)	2022 DEC		
Name: ffice Address:	601 BRICKELL KEY DRIVE STE 901				
	MIAMI	, Florida			
	(City)	(Zip code)			
	ent's acceptance:	e of process for the above stated co	ى . س		

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	Henrique Galafassi Driessen		(Sar an	ia Driessen
□Chairman	Name.	□Chairman	Name:		
□Vice Chairman	Address. 501 NE 31 Street, apt 3008	LIVice Chairman	Address		NE 31 Street, apt 3008
Director	Miami -FL 33137	Director	Miami -	-FL	33137
■ President		□President			
□Vice President		■Vice President			
□Secretary	∃Treasmer	☐ Secretary			☐Treasurer
□Other		□Other			⊡Othei
□Chairman	Name,	□ Chairman	Name		
□Vice Chairman	Address 501 NE 31 Street, apt 3008	□Vice Chairman			
	Miami -FL 33137				
■Duector	,	□Director _	-		
□President	<u> </u>	□President			
□Vice President		□Vice President			
Secretary	■ Treasure:	☐ Secretary			□Treasurer
⊒Other		Other			Other
∐Chairman	Name ²	□Chairman	Name		
□Vice Chairman	Address.	□Vice Chairman	Address		
□Director		□Director			
□President		□President			
□Vice President	· · · · · · · · · · · · · · · · · · ·	□Vice President			<u>.</u>
□Secretary	□Treasurer	□ Secretary			□Treasurer
□Other	□Cther	□Other			GOther
andividuals may be	Use an attachment to report more than six (6). The attact added to the index when lifting your Florida Departmen	n of State Annual Re	enort form		
12	Signature of Director of	: Officer	.		
The officer or directly she is aware that false. 817, 155, F.S. Andre Dias	ctor signing this document (and who is listed in number ilse information submitted in a document to the Departr Ceschim, Director	11 above) affirms th	at the fact	s state	d herein are true and that he or
13. Andre Dias	Ceachini, Director				

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

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ELEPHANT SKIN GROUP CORP." 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 THIRTEENTH DAY OF DECEMBER, A.D.

2022.

at som delaware gov/auti

Authentication: 205075313

Date: 12-13-22