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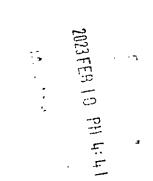
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## **COVER LETTER**

	Registration Section Division of Corporations				
SHRJE	ECT: EL SOL HOLDINGS INC.				
001001	Name o	of corporation	- must i	include suffix	
Dear Si	r or Madam:				
"Certifi	closed "Application by Foreign Co cate of Existence," or "Certificate eferenced foreign corporation to tr	of Good Stan	ding" ar	nd check are subr	
	eturn all correspondence concerni oussinova	ng this matter	to the f	ollowing:	
		Name of	erson		
		F:1C			
102 NE	2nd Street #301	Firm/Com	pany		
		Addre	SS		
Boca Ra	iton, FL 33432				
		City/State ar	nd Zip c	ode	4
flavius.c	ratana@gmail.com				
	E-mail address	: (to be used f	or futur	e annual report n	otification)
For furt	her information concerning this m	atter, please c	all:		
Ioulia R	oussinova	at (	915-	5085	
	Name of Person	Area Code	_/ ;	Daytime Teleph	ione Number
	STREET/COURIER ADDRES. Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Please m	ed is a check for the following amonake check payable to: FLORIDA DI 00 Filing Fee	EPARTMENT g Fee &	\$78.75	ATE Filing Fee & ied Copy	S87.50 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.

(Enter name of ec	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	i,"		
EL SOL HOLDI	NGS FLORIDA INC.				
(If name unavaila	ble in Florida, enter alternate corporate nam	ne adopted for the purpose of transactin	g business in Florida)		
DELAWARE	,	3			
(State or country under the law of which it is incorporated) , (FEI number, if applicable			plicable)		
(Date	of incorporation)	(Date of duration, if other)	(Date of duration, if other than perpetual)		
		s in Florida, if prior to registration)			
		.1502, F.S., to determine penalty liabili	ty)		
Carema Lan	c, Naples FL 34113				
£175 Carama Lar	•	office <u>street</u> address)	023 FEB 10		
0475 Carema Lar	ne, Naples FL 34113	iling address, if different)	<del></del>		
	(Current min	miligiaudicos, il differenti	: -0		
Name and stree	et address of Florida registered agent: (F	O Box NOT acceptable)			
Traine and <u>street</u>	Kenneth Daniel Milligan	<u></u>	P11 4: 4:		
Name:	Tomen Build Williams		. =		
ffice Address.	6475 Carema Lane				
	Naples	Florida 34113			
	(City)	, Florida 34113 (Zip code)			
aving been namesignated in this crither agree to c	ent's acceptance:  ned as registered agent and to accept sec application, I hereby accept the appoin omply with the provisions of all statute, with and accept the obligations of my	ntment as registered agent and agr s relative to the proper and comple	ee to act in this capacit		
	Kon mu	Signature)			
	(Registered agent	2 Signature)			

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

## A. DIRECTORS Flavius Catana Name: Chairman Name: □ Chairman 1-35 Trillium Drive Address: □Vice Chairman DiVice Chairman Address: Kitchener, Ontario N2E0H2 Director □ Director Canada □President President Vice President ☐Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer ☐ Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ Name: Kenneth Daniel Mulligan Name: □ Chairman Chairman 6475 Carema Lane Address: Address: \_ ☐ Vice Chairman □Vice Chairman Naples, FL 34113 □Director □Director ☐ President □President □Vice President □Vice President \_\_\_\_\_ ☐ Transurar ☐ Scoretary ☐Treasurer ☐Secretary Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_\_\_ □Chairman □Chairman Name: Name: Address: □Vice Chairman Address: Director □ Director - President □ President □Vice President □Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ COther\_\_\_\_ 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. Flavius Catana, President/Director

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





Page 1

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

DELAWARE, DO HEREBY CERTIFY "EL SOL HOLDINGS 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 FOURTH DAY OF DECEMBER, A.D. 2022.

Authentication: 204999354

Date: 12-04-22