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DATE:

02/27/23

NAME: KEYNUA INC.

TYPE OF FILING: APPLICATION

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Keynua Inc.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this mat-	ter to the following:
Stephen Zagami	
Name of	of Person
NEXT Legal PLLC	
Firm/Co	onipany
1395 Brickell Avenue, Suite 950	
Ado	dress
Miami, FL 33131	
City/State	and Zip code
info@nextlegal.us	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
rphen Zagami 786 785-1672	
Name of Person Area Co	/
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 DEPARTMEN \$70.00 Filing Fee	ST OF 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.

(If muse consent)	lable in Florida, enter alternate corporate name ado	and Paul Paul	· 121 · 1 · 1
	able in Fiorida, enter alternate corporate name ado	opted for the purpose of transacting business	in Florida)
Delaware	ry under the law of which it is incorporated)		
	c of incorporation) 5		
(Date	: of incorporation)	(Date of duration, if other than perpet	.นล!)
	(Date first transacted business in Fl	onido if ani anno no ricennei ana	
	(SEE SECTIONS 607.1501 & 607.1502.		
929 SW 122ND	AVE Miami, FL 33184		
' 	(Principal office	street address)	
			- •
			707
	(Current mailing a	ddress, if different)	202± = 1
	(Current mailing a	ddress, if different)	1025 EE . 5
Name and street	(Current mailing a et address of Florida registered agent: (P.O. B		2022 FF . 2.1
. Name and stree	•		2022 FF 27 1.1.
Name:	et address of Florida registered agent: (P.O. B		i., 9:
Name:	et address of Florida registered agent: (P.O. B NRAI Services, Inc. 1200 South Pine Island Road	Box <u>NOT</u> acceptable)	2022 FF 27 i.i 9: 08
Name:	et address of Florida registered agent: (P.O. B NRAI Services, Inc. 1200 South Pine Island Road	Box <u>NOT</u> acceptable)	i., 9:
Name:	et address of Florida registered agent: (P.O. B NRAI Services, Inc. 1200 South Pine Island Road		i., 9:
Name: Office Address: Registered ag	et address of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance:	Box NOT acceptable)	i., 9: 08
Name: Office Address: Registered against the same of	et address of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept service of	Box NOT acceptable)	9. 08
Name: Office Address: Registered againg been namesignated in this	et address of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: ted as registered agent and to accept service of application, I hereby accept the appointment	Box NOT acceptable) Florida \frac{33324}{(Zip code)} of process for the above stated corporate tas registered agent and agree to act in	ion at the pa
Name: Office Address: Registered against been namesignated in this	et address of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service of application. I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) Florida Zip code) of process for the above stated corporate tas registered agent and agree to act in tive to the proper and complete perform	ion at the pa
Name: Office Address: Registered against been namesignated in this	et address of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: ted as registered agent and to accept service of application, I hereby accept the appointment	Box NOT acceptable) Florida Zip code) of process for the above stated corporate tas registered agent and agree to act in tive to the proper and complete perform	ion at the pa
Name: Office Address: Registered against been namesignated in this	et address of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service of application. I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) Florida Zip code) of process for the above stated corporate tas registered agent and agree to act in tive to the proper and complete perform	ion at the pa
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS						
□Chairman	Name: Manuel Olguin	□Chairman	Alfredo Granda			
	Address: 929 SW 122ND AVE	□Vice Chairman	929 SW 122ND AVE			
Director	Miami, FL 33184	Director	Miami, FI. 33184			
□President		□President				
		□Vice President				
□Secretary	□Treasurer	Secretary	☐ Treasurer			
■Other CEO		□Other				
□ Chairman	Name: Inmaculada Cañadas 929 SW 122ND AVE	□ Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director _				
□ President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	□Other	□ Other			
□Chai rm an	Name:	□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. 12.						
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.						
13. Manuel Olguin, CEO						

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KEYNUA 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-SEVENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEYNUA INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202793214

Date: 02-27-23

6179483 8300 SR# 20230723654