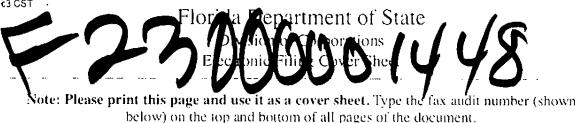
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: EFILE1234@INCFILE.COM

FOREIGN PROFIT/NONPROFIT CORPORATION DEWALLS AC CORP.

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COVER LETTER

TO:	Registration Section Division of Corpo				
SUBJ	JECT:	DEWALL	S AC CO	RP.	
., ., .,		Name of corpora	tion - mu	st include suffix	· · · · · · · · · · · · · · · · · · ·
Dear 5	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good S orporation to transact but	Standing"	and check are sub-	
Please	return all correspon	dence concerning this ma	itter to th	e following:	·
LOVETTE DOBSON				بت	
<u></u>		Name	of Perso	n	
					16
		Firm/C	Company		-7
17350	STATE HWY 249 #2	20			~
		Α.	ddress	- · · · · · · · · · · · · · · · · · · ·	
HOUS	TON, TX 77064				
	<u></u>	City/Sta	te and Zi	p code	
EFILE	1234@INCFILE.CON	1			
		E-mail address: (to be us	ed for ful	ure annual report n	otification)
For fu	rther information col	ncerning this matter, plea	se call;		
LOVETTE DOBSON at [] 888-462		38-462-3453			
	Name of Person	Area (ode	Daytime Teleph	none 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		
Please		following amount: b: FLORIDA DEPARTME S78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H23000092044 3)))

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.

DEWALLS AC		
	orporation: must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	." "COMPANY." "CORPORATION."
(It name unavail	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
Lexas	;	
(State or countr	sunder the law of which it is incorporated)	(FEI number, if applicable)
06/04/2018	Š	Perpetual (Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
1347 Inhomentor 1	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) [502, F.S., to determine penalty liability)
·	0r # [380, Orlando, FL 32804 (Principal of	fice <u>street</u> address)
-	(Current maili	ing address, if different)
. Name and <u>stree</u>	<u>t add</u> ress of Florida registered agent: (P.	O. Box NOT acceptable)
Name and <u>stree</u> Name:	Eduardo Rivas	
Name:	Eduardo Rivas	O. Box NOT acceptable) Solution (Zip code)

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.

and (1)

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.

3/10/2023 09 54:33 CST -

∏Nice Chairman — Add Orla ⊕Director ————————————————————————————————————	Latuardo Rivas ne:	CIN ice Chairman Address	
Orla Orla Orla Orla Orla	ndo, FL 32804	∴Director	
Director			
		EPresident	
JN ice President			
		∐Vice President	
DiSecretary	□Treasurer	□ Secretary	□Treasurer
)Other	□Other	□Other	□Other
IlChairmaa Nar	Paula Maldonado	∐Chairman Name _	
DVice Chairman - Ado	1317 Edgewater Dr.# 1380	Fivice Chairman - Address	·:
Orla	ando El 32804	_	
			□ Treasurer
Secretary			F)
(Other		TOther	□ Other <u> </u>
EChairman Sa	ne:	∐Chairman Name	5
⊒Vice Chairman - Ad	dress:	□Vice Chairman — Addres	s:
		l IVice President	
	☐ Freasurer	LI Secretary	□ Freasurer
Ti Secretary		□Other	□ Other

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



(((H23000092044 3)))

Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DEWALLS AC CORP. (file number 803033237), a Domestic For-Profit Corporation, was filed in this office on June 04, 2018.

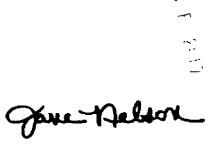
It is further certified that the entity status in Texas is in existence.

In testimony whereof. I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on March 09-2023.



Phone, (512) 463-5555

Prepared by: SOS-WEB



Jane Nelson Secretary of State

TID: 10264

Dial, 7-1-1 for Relay Services Document: 1228127630002