

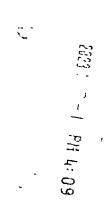
(F	Requestor's Name)	
( <i>f</i>	Address)	
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T. LEMIEUX MAR 2 0 2023

#### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	NEW WORLD FUNDING IN	ITL CORP.		
SOBJECT.	Name o	l'corporation -	must include suffix	<del></del>
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate ced foreign corporation to tra	of Good Standi	ng" and check are subr	
Please return	all correspondence concernit	ng this matter to	the following:	
ANTONIO HI	NOJOSA			
		Name of Pe	rson	
NEW WORLI	FUNDING INTL CORP.			
		Firm/Compa	ıny	
3943 IRVINE	BLVD # 606			
		Address	3	
IRVINE,CA 9	2602			
		City/State and	Zip code	
NEWWORLD	FUNDING@OUTLOOK.COM			
	E-mail address:	(to be used for	future annual report n	otification)
For further in	formation concerning this ma	atter, please cal	1:	
ANTONIO HI	NOJOSA	949 at (	401-0699	
Nam	e of Person	Area Code	Daytime Teleph	none Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	check for the following amo neck payable to: FLORIDA DE ing Fee \$78.75 Filing Certificate o	PARTMENT C	OF STATE \$78,75 Filing Fee & Certified Copy	☐ \$87.50 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.

	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
NWF CORP.			
	ible in Florida, enter alternate corporate name	· · · · · · · · · · · · · · · · · · ·	business in Florida)
DELAWARE	****	85-2964796	
(State or country	v under the law of which it is incorporated)	(FEI number, if appli	cable)
OELAWARE  (State or country under the law of which it is incorporated)  01/30/2019		PERPETUAL	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
UPON QUALIF			
	(Date first transacted business)	in Florida, if prior to registration) 502, F.S., to determine penalty liability	)
3943 IRVINE BL	.VD # 606 - IRVINE, CA 92602		
		ice street address)	
SAME			
	(Current maili	ng address, if different)	<del></del>
Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
	et address of Florida registered agent: (P. ANTONIO HINOJOSA	O. Box <u>NOT</u> acceptable)	Ç.
Name and stree	ANTONIO HINOJOSA	O. Box <u>NOT</u> acceptable)	. ; , 202
Name:		O. Box <u>NOT</u> acceptable)	. 1 5203 J.
Name:	ANTONIO HINOJOSA 100 SE 2ND ST. SUITE 2000	<u></u>	8203
Name:	ANTONIO HINOJOSA 100 SE 2ND ST. SUITE 2000	O. Box NOT acceptable) , Florida 33131(Zip code)	
Name: Tice Address:	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)	, Florida	
Name:  Tice Address:  Registered age	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance:	Florida 33131 (Zip code)	- H.
Name: Tice Address:  Registered agoving been nam	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: sed as registered agent and to accept serv	, Florida 33131 (Zip code)	corporation at the place
Name: Tice Address:  Registered ago wing been nam signated in this	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: sed as registered agent and to accept serve application, I hereby accept the appoint	, Florida 33131 (Zip code) ice of process for the above stated coment as registered agent and agree	corporation at the place to act in this capacity.
Name: Tice Address:  Registered ago aving been nam signated in this rther agree to c	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: sed as registered agent and to accept serv	, Florida 33131 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete	corporation at the place to act in this capacity.
Name:  Office Address:  Registered ago aving been namesignated in this orther agree to co	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: red as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 33131 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete	corporation at the place to act in this capacity.
Name: Tice Address:  Registered ago aving been nam signated in this rther agree to c	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: red as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 33131 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete	corporation at the place to act in this capacity.
Name: Tice Address:  Registered ago aving been nam signated in this rther agree to c	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: red as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 33131 (Zip code) ice of process for the above stated coment as registered agent and agree relative to the proper and complete	corporation at the place to act in this capacity.
Name: flice Address:  Registered ago laving been nam esignated in this arther agree to co	ANTONIO HINOJOSA  100 SE 2ND ST. SUITE 2000  MIAMI  (City)  ent's acceptance: red as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 33131	corporation at the place to act in this capacity.

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.

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

#### A. DIRECTORS Name. \_\_\_ Name: \_\_ \_\_\_\_\_ □Chairman []Chairman □ Vice Chairman □Vice Chairman Address: \_\_\_\_\_ Address: 3943 IRVINE BLVD # 606 □ Director □ Director IRVINE, CA 92602 President □ President □ Vice President □ Vice President \_\_\_ ■Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ Name: \_N/A Name: \_\_N/A □Chairman □Chairman ☐ Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_ □Director []Director □President □President □ Vice President \_\_ □ Vice President □Treasurer ☐Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Name: N/A Name: N/A □Chairman □Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director □ President □ President □ Vice President ☐ Vice President ☐Treasurer Treasurer □ Secretary □Sceretary □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ Important Notice: Use an atfachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the inflex 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.

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

DELAWARE, DO HEREBY CERTIFY "NEW WORLD FUNDING INTL 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 SIXTH 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 "NEW WORLD FUNDING INTL CORP." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A.D. 2019.

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



Authentication: 202649299

Date: 02-06-23

# Validate a Certificate

Effective July 1, 2006, all certificates from the Delaware Division of Corporations database will no longer be generated on preprinted forms with blue ink. The Delaware Division of Corporations will be printing all certificates in black ink on standard white paper inclusive of the Secretary's seal and signature.

The Delaware Division of Corporations now has online validation and verification for certificates that have been generated by our office on business entities. You will need your entity file number and your authentication number from the certificate for validation. You can only validate a certificate within a year of the date it was issued.

1 This validation process does not apply to UCC filings or searches that have been generated by the Delaware Division of Corporations and can only be utilized for certificates issued on Delaware business entities.

# Delaware

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### The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF INCORPORATION OF "CERTIFICATE

VALIDATION COMPANY", FILED IN THIS OFFICE ON THE TWENTIETH DAY

OF FEBRUARY, A.D. 2009, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

This is the corporate file number that is required for authenticating your certificate online!

4569598 8100

090000845

Tou may werify this certificate online at corp. delaware.gov/authver.shtml

This is the authentication number that is required for authenticating your certificate online!

AUTHENTICATION: 6680233

DATE: 02-20-09