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Division of Corporations

→ 18506176383

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(((H23000115699 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : I20180000090 Phone : (407)232-6777 Fax Number : (407)710-0533

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

GOVCONTACT@PM.ME Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION ANVIL INVESTMENTS, INC.

Certificate of Status	1
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COVER LETTER

→ 18506176383

•	ion of Corporations			
SUBJECT:	ANVIL INVESTMENTS, INC			
SOBGECT.		corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tra	f Good Stanc	ling" and check are subn	
Please return :	all correspondence concerning	g this matter	to the following:	
FELIPE MAR	DAKIS			
		Name of F	erson	
ANVIL INVES	STMENTS, INC.			
		Firm/Comp	pany	
7345 W SANE	LAKE RD STE 209			
		Addre	ss	
ORLANDO, F	L 32819			
		City/State an	d Zip code	
GOVCONTAC	•			
	E-mail address:	(to be used fo	or future annual report no	tification)
For further int	formation concerning this ma	tter, please ca	ill:	
FELIPE MARI	DAKIS	it (232-6777	
Name	e of Person	Area Code	Daytime Telepho	one 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		
	check for the following amou eck payable to: FLORIDA DEI ng Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

H23000115699 3

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.

14154847068

1. ANVIL INVES				
	orporation; must include "INCORPORATED." "Corp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	ousiness in Florida)	
DELAWARE 2.	3 88	-0968838		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	•	
4. (Date of incorporation) 5		(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability))	
7 7345 W SAND L	AKE RD STE 209, ORLANDO, FL 32819			
· ·	(Principal office s	treet address)	<u>.</u>	
	(C)	11		
	(Current mailing ac	idress, if different)		
8. Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	V.I. S. S. S	
Name:	FELIPE MARDAKIS		الله د HAR 28	
Office Address:	7345 W SAND LAKE RD STE 209	-		
Office Address.	ORLANDO	Florida	PM 12: 15	
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointmen omply with the provisions of all statutes relate with and accept the obligations of my position	t as registered agent and agree t ive to the proper and complete p	orporation at the place to act in this capacity. I	
unu z um jumulur	rum unu uccept inc voligations of my position	т на гединетск идень		
	4/1			
	(Registered agent's signa	ture)	_	

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.

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A. DIRECTORS				
□Chairman	Name: FELIPE MARDAKIS	□Chairman	Name:	
□Vice Chairman	7345 W SAND LAKE RD Address:	□Vice Chairman	Address:	
□Director	STE 209	Director		
President	ORLANDO, FL 32819	□President		···
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
Other	□Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	☐ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□ Vice President		
☐Secretary	□Treasurer	Secretary		☐Treasurer
□Other	Other	□Other		□Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Directors			purposes only. Non-indexed
,		11 8		
12.		/ <u>;;;;;; </u>		

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.

, FELIPE MARDAKIS, PRESIDENT



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

DELAWARE, DO HEREBY CERTIFY "ANVIL INVESTMENTS, 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 EIGHTEENTH DAY OF MARCH, 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 "ANVIL INVESTMENTS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202948879

Date: 03-18-23