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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)	—				
, ,					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
Special instructions to 1 ming officer.					
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Office Use Only



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SUSPENSION PRIZEZ

COVER LETTER

•	ion Section of Corporations				
SUBJECT: Co	rrente Construction Mana	gement Inc.			
	Name	of corporation - n	nust include suffix		
Dear Sir or Mada	m:				
"Certificate of Ex		of Good Standin	thorization to Transact E g" and check are submit n Florida.		
Please return all o	correspondence concern	ing this matter to	the following:		
Argentino Sisca					
		Name of Per	son		
Corrente Construc	tion Management Inc.				
		Firm/Compar	ıy		
1217 East Cape Co	oral Parkway, Suite 167				
		_Address			
Cape Coral, Florid	a, 33904				
		City/State and	Zip code		
tino@correntecm.e	com				
	E-mail addres	s: (to be used for	future annual report noti	fication)	
For further inform	nation concerning this n	natter, please call:			
Argentino Sisca		at (²³⁹	383-3208		
Name of	Person	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	cck for the following am payable to: FLORIDA D Fee	EPARTMENT OF Significant terms of the signific		■ \$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.

I	uction Management Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	I,"
Corrente Constr	uction Inc.		
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	g business in Florida)
Wyoming	3		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
February 24, 20	23 5		
(Date of incorporation)		5. (Date of duration, if other than perpetual)	
5.			
	(Date first transacted business in F	lorida, if prior to registration)	
1317 Fact Cana	(SEE SECTIONS 607.1501 & 607.150)	· ·	(y)
	Coral Pkwy, Suite 167, Cape Coral, Florida, 3390 (Principal office		<u> </u>
	(Principal office	s street address)	
	(Current mailing	address, if different)	
	(Current manning	address, it differently	
3. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
	Argentino Sisca		с. 2
Name:			023 ₁
Office Address:	1217 East Cape Coral Pkwy, Suite 167		HAR T
	Cape Coral	, Florida	2023 HAR 30 PH 12: 3
-	(City)	(Zip code)	SSC -p
	ent's acceptance: ned as registered agent and to accept service	o of process for the above states	d corneration ashe pla
naving been num designated in this	s application, I hereby accept the appointme	ent as registered agent and agre	e to act in this capacity

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

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

A. DIRECTORS Argentino Sisca Chairman ☐ Chairman Name: 1217 East Cape Coral Pkwy □Vice Chairman Address: □Vice Chairman Address: Suite 167 Director Director Cape Coral, Florida □ President □ President 33904 ☐ Vice President □ Vice President □Treasurer Treasurer ☐ Secretary ☐ Secretary Other _____ □Other _____ ☐Other _____ ☐ Other ______ □ Chairman Name: ☐ Chairman Name: Address: ______ "□Vice Chairman Address: _____ □Vice Chairman Director Director ☐ President ☐ President □Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary Treasurer ☐Other _____ □Other _____ □Other _____ ☐ Other _____ □ Chairman □ Chairman Name: _____ Name: ____ □Vice Chairman Address: _____ □ Vice Chairman Address: Director ☐ Director President ☐ President □Vice President _____ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary □Treasurer □Other_____ □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. 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.

Argentino Sisca, Director 13.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

CORRENTE CONSTRUCTION MANAGEMENT INC

is:a

Profit Corporation

formed or qualified under the laws of Wyoming did on **February 24, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001229055**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of March, 2023 at 3:16 PM. This certificate is assigned ID Number 059608525.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.