# F23000002185

(Requestor's Name)			
(Ac	ddress)	-	
(Ac	(Address)		
(Ci	ty/State/Zip/Phone #	)	
PICK-UP	☐ WAIT	MAIL	
(Br	usiness Entity Name	)	
(D	ocument Number)		
Certified Copies	Certificates o	f Status	
Special Instructions to	Filing Officer:		

Office Use Only



300405220283

03/28/23--01032--012 \*\*70.00

2023 MAR 28 PH 2: 03

45

### **COVER LETTER**

•	stration Section ion of Corporations			
SUBJECT:	Roseus Hospitality Corp			
JOBOLOT.	Name o	of corporation - mu	st include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate aced foreign corporation to tr	of Good Standing	and check are subm	
Please return	all correspondence concerni	ng this matter to th	e following:	202
Valentina Lug	0			3
		Name of Perso	n	23
	<del>-</del>	Fi/C		
1007 N Orang	e St. 4th Floor Suite #1050	Firm/Company		7 (S) 2: 0
		Address		<del></del>
Wilmington D	elaware 19801			
		City/State and Zi	p code	
agent@firstba				- <del></del>
	E-mail address	: (to be used for fu	ture annual report no	tification)
For further in	formation concerning this m	atter, please call:		
Valentina Lug	ntina Lugo 929 3050668 at ( )			
Nam	ne of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	check for the following amoneck payable to: FLORIDA DE ing Fee	EPARTMENT OF S g Fee &	STATE .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

: .

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.

Roseus Hospital	ity Corp		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORA	TION,"
(If name unavail:	able in Florida, enter alternate corporate name ac	opted for the purpose of trans	sacting business in Florida)
2. Delaware	3.	3. <u>92-2671718</u> ated) (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	d) (FEI number, if applicable)	
4. 02/02/2023	5.		
(Date	of incorporation) 5.	(Date of duration, if o	other than perpetual)
6.			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
7. 6900 Tavistock L	akes Blvd 400 Orlando Florida 32827		
	akes Blvd 400 Orlando Florida 32827 (Principal office	street address)	[-] 2923 I:AR
<u> </u>	(Current mailing	address, if different)	, L)
8. Name and street Name:	et address of Florida registered agent: (P.O. Firstbase Agent LLC	Box <u>NOT</u> acceptable)	8 Pii 2: 0:
Office Address:	111 NE 1st St, 8th Floor Suite #88592		. ω
	Miami	, Florida	_
	(City)	(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.

Valentina Lugs.
(Registered agent's signature)

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.

A. DIRECTORS			
□Chairman	Name: Philip James Bernardo	□Chairman	Name:
□Vice Chairman		□Vice Chairman	Address:
Director	Orlando	□Director	
□President	Florida	□President	
□Vice President	32832	□Vice President	
☐Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	2023
□President		□President	Z1)23 i i NR
□Vice President		□Vice President	20
☐ Secretary	□Treasurer	☐ Secretary	Treasurer T
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 Dep		
12	Philip Fuma Signature of Dire	es Bernardo	· · · · · · · · · · · · · · · · · · ·
The officer of the	Signature of Director signing this document (and who is listed in t		sat the facts stated herein are true and that he a

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.

Valentina Lugo - Authorized Representative

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ROSEUS HOSPITALITY 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 TWENTIETH DAY OF MARCH, A.D. 2023.





Authentication: 202951899

Date: 03-20-23

7275378 8300 SR# 20231048409