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(((H230001005773)))



H230001005773ABCZ

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Division of Corporations

From: 3058618012

Fax Number

: (850)617-6383

From:

Account Name : SOLOMON & FURSHMAN, LLP

Account Number : I20050000182 Phone

: (305)861-8034

Fax Number : (305)938-6914

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

FOREIGN PROFIT/NONPROFIT CORPORATION Maafiya Inc.

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To: 8506176383. . From: 3058618012 4/14/2023 11:05:01 AM p. 3 of 7



April 12, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

ADAM WEISS, ESQ 1101 BRICKELL AVENUE, SUITE N1101 MIAMI, FL 33131US

SUBJECT: MAAFIYA INC. REF: W23000051983

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Ariel Jones
Regularoty Specialist II
Registration Section

FAX Aud. #: H23000100577 Letter Number: 823A00008284

(((H230001005773)))

COVER.LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Maafiya Inc.					
Name	of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to the component of the corporation of the co	of Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please return all correspondence concern	ing this matter	to the following:			
Adam Weiss, Esq		-			
	Name of P	erson			
Solomon Cooperman Recondo & Weiss, LLP					
	Firm/Comp	vany			
1101 Brickell Avenue, Suite N1101		•			
	Addres	\$			
Miami, FL 33131		٠.			
	City/State and	d Zip code			
adam@sfllp.com					
E-mail address	: (to be used fo	r future annual report notification)			
For further information concerning this m	atter, please ca	II:			
Adam Weiss, Esq	at (305	938-6910			
Name of Person	Area Code	Daytime Telephone Number			
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amo Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate o	EPARTMENT C g Fee & 🔲 S	F STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			

(((H23000100 5773)))

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.

	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Delaware	3.	Applied For	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
March 14, 2023	5.	_	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
March 14, 2023			
838 Walker Road	(SEE SECTIONS 607.1501 & 607.1 , Suite 21-2, Dover, DE 19904	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
———			
52 Walnut Court	(Principal oπ , Englewood, NJ 07631	ice <u>street</u> address)	
Court			
	(Cutten maint	ng address, if different)	
Name and stree	· <u>:t address</u> of Florida registered agent: (P.C	Box NOT acceptable)	
	Solomon Cooperman Recondo & Weiss, LI		
Name:		<u></u>	
ffice Address:	1101 Brickell Avenue, Suite N1101	: 경우 # #	
	Miami	33131 Fig. 2	
	(City)	, Florida (Zip code)	
	(4)	<u>2</u> 9	
.,			
Registered age	nt's acceptance:	_	
iving been nam	nt's acceptance: ed as registered agent and to accept servi application. I bereby accept the appoints	ce of process for the above stated corporation at the p ment as registered agent and agree to act in this capac	

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.

(((H230001005773)))

From: 3058618012

A. DIRECTORS						
□ Chairman	Name:	☐ Chairman	Name: Richard Rutta			
□Vice Chairman	Address: 53 Walnut Court	□Vice Chairman	Address:			
Director	Englewood, NJ 07631	Director	Suite 105			
■ President		□President	Miami, FL 33138			
□ Vice President		□ Vice President				
Sccretary	☐ Treasurer	☐ Secretary	■ Treasurer			
Other	Other	Other	□Other			
□ Chairman	Name:	□ Chairman	Name:Adam Weiss, Esq.			
□Vice Chairman	Address:	□Vice Chairman	Address: 1101 Brickell Avenue			
■ Director	Sulte 105	☐Director	Suite N1101			
□President	Miami, FL 33138	□President	Miami, FL 33131			
□Vice President		□ Vice President				
Secretary	☐ Treasurer	□Secretary	☐Treasurer			
□Other	Other	■Other	d Representative Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:		Address:			
						
□ President		□President				
□Vice President		□Vice President				
Secretary	☐Treasurer	☐ Sccretary	□Treasurer			
Other	Other	□Other	□Other			
mportant 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. 2. Signature of Director or Officer						
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 of						

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.

13. Adam Welss, as Authorized Representative

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAAFIYA 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 FOURTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAAFIYA INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2023.

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

Authentication: 203140667

Date: 04-14-23

To: 8506176383