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S. ROBERTS

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COVER LETTER

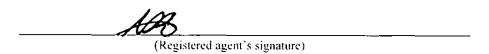
TO: Registration Sect Division of Corpo					
SUBJECT: Netvalve In	c				
· -	Name of corpora	tion - must include suffix	<u> </u>		
Dear Sir or Madam:					
The enclosed "Applicatio "Certificate of Existence, above referenced foreign	or "Certificate of Good!	Standing" and check are s	usact Business in Florida." Submitted to register the		
Please return all correspo	ndence concerning this ma	atter to the following:			
Jose Armando Gonzalez De	l Riego				
	Name	of Person			
Netvalve Inc					
	Firm/C	Company			
1101 Brickell Avenue Sout	i Tower, 8th Floor				
	A	ddress			
Miami, FL 33131					
	City/Sta	te and Zip code			
Armando@suncoves.com					
	E-mail address: (to be us	ed for future annual repor	rt notification)		
For further information co	oncerning this matter, plea	se call:			
Jose Armando Gonzalez Del Riego 703		401-5791) 401-5791 Daytime Telephone Number		
Name of Person	Area	Code Daytime Tel	ephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of P.O. Box 6.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the Please make check payable: ☐ \$70.00 Filing Fee		ENT OF STATE S78.75 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.

1. Netvalve Inc				
(Enter name of a "Inc.," "Co.," "C	corporation: must include "INCORPORATED," "Orp," "Inc," "Co." or "Corp,")	"COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name ac	opted for the purpose of transacting bus	iness in Florida)	
Delaware	3.			
(State or count	country under the law of which it is incorporated) (FEI number, if applicable)			
(Date	e of incorporation) 5	(Date of duration, if other than p	perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)		
1101 Brickell Av	venue South Tower, 8th Floor, Miami, FL 33131		207	
	(Principal office	street address)	- 5	
	(Current mailing	address, if different)	2025 7	
			<u>:</u>	
Name and stre	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	N	
Name and street	et address of Florida registered agent: (P.O. Jose Armando Gonzalez Del Riego	Box <u>NOT</u> acceptable)	. 2: ū r	
Name:		<u> </u>	2: 00	
	Jose Armando Gonzalez Del Riego		. 2: ບໍດ	

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.



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: Jose Armando Gonzalez Del Riego	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director	South Tower, 8th Floor	□Director					
□President	Miami, FL 33131	□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□ Chairman	Name:	□ Chairman	Name:	<u></u>			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐Treasurer	☐ Secretary		□Treasurer			
□Other		□Other		□Other			
□Chairman	Name:	□Chuima us	No.				
		□ Chairman					
	Address:		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. 12. 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.

Jose Armando Gonzalez Del Riego, Secretary & Chief Financial Officer

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NETVALVE 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 SEVENTEENTH DAY OF MARCH, A.D. 2023.



Authentication: 202945738

Date: 03-17-23