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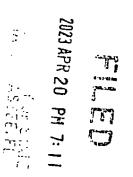
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Section Division of Corporation	ons					
SUBJ	ECT. COMPAGNIA D	EI CARAIBI, INC.					
3000		Name of corporat	ion - mus	t include suffix			_
Dear S	ir or Madam:						
"Certif	closed "Application by ficate of Existence," or ' referenced foreign corp	Certificate of Good S	tanding"	and check are sub		ter the	
Please	return all corresponden	ce concerning this mat	ter to the	following:		2023 APR 20	
LORE	NZO SILVESTRI				· .	APF	
		Name	of Persor	1		20	
SILVE	STRI INTERNATIONAL	CORP			, O	. 2	T
		Firm/C	ompany		(15)	الم	
1200 B	RICKELL AVE., SUITE	310			-	15	
		Ad	dress			(C)	
MIAM	1, FL 33131						
		City/Stat	e and Zip	code	·	H-81 - 14	
Isilvest	ri@silvestri-international.						
	E-n	nail address: (to be use	d for futi	are annual report i	notification)		
For fur	ther information concer	ning this matter, pleas	e call;				
Lorenz	o Silvestri	786 at (50	23615			
	Name of Person	Area C	ode ,	Daytime Telep	hone 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					
Please 1	•		□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 F Certified Certified	ate of Stat	

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.

	DEI CARAIBI, INC.		
		"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Fl	orida)
DELAWARE	3.	9-1231197	
10/17/2010			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
		Ę.	કુ
	(BBB BBC 11011B (W7.11301 & 007.130)	lorida, if prior to registration) 2. F.S., to determine penalty liability)	PR 20
			P M
	(Current mailing	address, if different)	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	SILVESTRI INTERNATIONAL CORP		
	1200 BRICKELL AVE., SUITE 310		
	MIAMI	Florida 33131	
	(City)	(Zip code)	
wing been name signated in this other agree to co	ed as registered agent and to accept service application. I hereby accept the appointme omply with the provisions of all statutes relo	nt as registered agent and agree to act in this ative to the proper and complete performance	s capacity. 1
	(If name unavailant DELAWARE) (State or country 10/17/2019) (Date) (Date	"Inc.," "Co" "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name ad DELAWARE [State or country under the law of which it is incorporated) 10/17/2019 [Obte of incorporation] (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 &	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name: Name: SILVESTRI INTERNATIONAL CORP fice Address: MIAMI (City) Florida 33131 (Zip code)

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

under the law of which it is incorporated.

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

A. DIRECTORS								
☐Chairman Name: EDELBERTO BARRACO		□Chairman	Name:					
□Vice Chairman	Address: 237 OLD ARMY ROAD	□Vice Chairman	Address: 237 OLD ARMY ROAD					
□Director SCARSDALE, NY 10583		Director	SCARSDALE NY 10583					
■ 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						
	Name:	□Chairman □Vice Chairman □Director	Name: PR 20 PH 71 Address: PH 71 PH					
□President	748	□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.

, EDELBERTO BARACCO, PRESIDENT

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "COMPAGNIA DEI CARAIBI, 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 APRIL, 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 "COMPAGNIA DEI
CARAIBI, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER,

A.D. 2019.

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

Jeffrey W. Bollock, Secretary of State

Authentication: 203148295

Date: 04-17-23

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