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COVER LETTER

Division of Corporations	
SUBJECT: RUCCI SERVIC	ES INCORPORATED
Name of corporation - must	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in Fl	nd check are submitted to register the
Please return all correspondence concerning this matter to the	following:
Luis CORREA RUCCI	
Name of Person	
Rucci Ser	VICES IN CORPORATED
Firm/Company	
100 NW 47 TH AVE	
Address	
MIAMI FLORI	
City/State and Zip	code
LORREA RUCCI &	3 GMAIL-COM
E-mail address; (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	, , L , O o t \
Luis Correa Rucci at (416)	5802711
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
The Centre of Tallahassee	P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314
	ATE 5 Filing Fee & S87.50 Filing Fee. Ged Copy 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.

_		·	dopted for the purpose of transacting busing	
<u> </u>	ANADA	3	(FEI number, if applicabl	
(Date of	of incorporation)	5	(Date of duration, if other than pe	rpetual)
			Florida, if prior to registration) 12, F.S., to determine penalty liability)	
lo		7 TH AVE	MIAHI FORIDA e street address)	33 126
		(**************************************		
		(Current mailing	address, if different)	
Name and street	address of Florida r	egistered agent: (P.O.	Box NOT acceptable)	26
Name:	١	EREA RUCCI	ison <u>inor</u> accepadore	2023 AFR 28
Name:	'	•	<u> </u>	が 2
		47 TH AVE		·
īce Address:		'	Florida <u>3312</u> 6 (Zip code)	
ice Address:	MAIM	-	(7: 1)	
ice Address:	<u></u>	(City)	(Zip code)	CJ1
Registered agei	it's acceptance:		(Zip code) c of process for the above stated corpo	S

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: LUIS CORREA RUCCI	□Chairman	Name:		
□Vice Chairman	Address: 100 NW 47 TH	□Vice Chairman	Address:		
□Director	NE MIAMI FLORDA	□Director			
☑President	33126	□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□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			
□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		
Important Notice:	lise an attachment to report more than six (6) The attac	hment will be image	ed for reporting purposes only. Non-indexed		
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	<u> </u>		
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.					
13	LUG CORREA (Typed or printed name and capacity of person	Rucci	· · · · - ·		
(Typed or printed name and capacity of person signing application)					

Transaction Number / Numéro de transaction: 46523199 Generated on: May 01, 2023, 11:05 / Généré le: 01 mai 2023, 11:05



Ministry of Public and Business Service Delivery Ministère des Services au public et aux entreprises

Certificate of Status

Attestation du statut juridique

Eusiness Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

RUCCI SERVICES INCORPORATED

Corporation Name / Dénomination sociale

. 2338647.

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario according to the electronic records maintained by the Ministry of Public and Business Service Delivery.

The corporation came into existence on August 13, 2012 and has not been dissolved.

est une société constituée en personne morale, fusionnée ou maintenue conformément aux lois de la province de l'Ontario, selon les dossiers électroniques tenus par le ministère des Services au public et aux entreprises.

La société a vu le jour le 13 août 2012 et n'a pas été dissoute.

V. Quintarilla W

Director / Directeur Business Corporations Act / Loi sur les sociétes par actions

Certified a true copy of the record of the Ministry of Public and Business Service Delivery.

V. Quintavilla W.

Director/Registrar



Copie certifiée conforme du dossier du rninistère des Services au public et aux entreprises.

V. Quintavilla W: