F23000003592

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boothess Ethit, Herrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

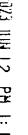




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COVER LETTER

TO:	Registration Division of	i Section Corporations				
SHRI	ECT: INN N	MAG MILE INC.				
3000	LC1	Nan	ne of corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif	ficate of Exist		ate of Good Stan	ding" and check are sub	nct Business in Florida." Omitted to register the	
Please	return all cor	respondence conce	erning this matter	to the following:		
OLGA	ADRIANA M	ORENO				
			Name of	Person		
WXC (CORPORATIO	ON				
			Firm/Con	npany		
8240 N	IW 52nd TERR	RACE SUITE 305				
			Addr	ess		
DORA	L. FL 33166					
			City/State a	nd Zip code		
AMOR	ENO@WXCC					
		E-mail addı	ess: (to be used)	or future annual report	notification)	
For fur	ther informat	ion concerning thi	s matter, please c	all:		
OLGA ADRIANA MORENO at (+ i at (305-676-6576		
	Name of Po		Area Cod		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 i			DEPARTMENT	**OF STATE ** \$78.75 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.

(If name unavai	able in Florida, enter alternate corporate name a			
DELAWARE	3.	30-1166044 (FEI number, if applicable)		
(State or count	ry under the law of which it is incorporated)	(FEI number, if app	licable)	
12/20/2018	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		·)	
418 MERIDIAN	AVE MIAMI BEACH, FL 33139			
 		re <u>street</u> address)		
	(Current mailing	g address, if different)		
			ر 20	
			23	
Name and stre	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	23 JUI	
Name and stre	et address of Florida registered agent: (P.O. WXC CORPORATION	. Box <u>NOT</u> acceptable)	23 JUN 12	
Name:	-	. Box <u>NOT</u> acceptable)	23 JUN 12 P	
	WXC CORPORATION 8340 NW 52nd TERRACE SUITE 305		Z3 JUN 12 PM 1	
Name:	WXC CORPORATION 8340 NW 52nd TERRACE SUITE 305	. Box <u>NOT</u> acceptable) Florida 33166 (Zip code)	2023 JUN 12 PM 1:1	

11. For initial indexing purposes, fist 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 ELBERT ALCIDES CAMACHO □ Chairman □Chairman Name: 418 MERIDIAN AVE ☐Vice Chairman Address: □Vice Chairman Address: MIAMI BEACH, FL 33139 □Director Director □President □President □ Vice President ___ □ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □ Other _____ Name: Name: _____ □ Chairman □ Chairman □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □Director □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 □ Secretary ☐ Treasurer □Treasurer □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. 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. 13. ELBERT ALCIDES CAMACHO

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INN MAG MILE 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 THIRTY-FIRST DAY OF MAY, 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 "INN MAG MILE INC." WAS INCORPORATED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2018.

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

at corn delaware gov/aut

Authentication: 203450928

Date: 05-31-23

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