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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	_	tration Section ion of Corpora					
SUBJ	ECT:	Flameret Inc.					
			Name of corpora	tion - m	nust include suffix		
Dear S	ir or M	adam:					
"Certif	ficate o	f Existence," o		Standing	horization to Transact I g" and check are submi n Florida.		
Please	return .	all correspond	ence concerning this m	atter to I	the following:		
Emma	Vodrazl	kova					
	 		Name	of Pers	son	- <u></u>	
Flamer	et Inc.						
			Firm/	Compan	y	<u> </u>	
500 Ha	zelwoo	l Road					
•			A	ddress			
Venice	Florida	34293					
			City/Sta	ite and 7	Lip code		
emmav	@flame	retgroup.com					
		Ę	-mail address: (to be us	ed for f	uture annual report not	ification)	
For fur	ther in	formation con-	cerning this matter, plea	ise call:			
Emma Vodrazkova at (833			ì	474 2223			
	Nam	e of Person	Area	Code	Daytime Telephor	ne 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	make ch	eck payable to:	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7		S87.50 Filing Fee, Certificate of Status &	

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.

Flameret Interna				
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
Wyoming 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
August 13, 2009	5.	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
1130 Misti Court	Venice, Florida 34293			
		cc street address)		
	(Current mailin	g address, if different)		
	·	•		
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)		
Name:	Elliot Greene			
Name.	100 E Linton Blvd., Suite 304B			
ffice Address:	100 E Linton Bivd., Stille Stab			
	Delray Beach,	Florida 33483		
	(City)	, Florida 33483(Zip code)		
	ent's acceptance:	ce of process for the above stated corporation at the pla		
		te of process for the above stated corporation at the pla nent as registered agent and agree to act in this capacit		
rther agree to c	omply with the provisions of all statutes re	elative to the proper and complete performance of my d		
id I am familiai	with and accept the obligations of my po	sition as registered agent.		
	•			
	months,			
_	Tillethere			
	(Registered agent's si	gnature)		

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.

	Susan Glover		John Meredith
Chairman	Name:	⊡Chairre==	Name:
Vice Chairman	Address:	☐ Vice Chairman	Address:
Director	Venice, FL 34293	#10irector	Venice, FL 34293
I Presi dent		⊕President	
☐ Vice President		□Vice President	
D Sacretary	ੀ ਜ਼ਿਲਮਾਫ	Secretary	☐Træsurer
∂0≎ ≈		⊡Other	
		ெருள்ளை	Name:
⊕Cpsnumm	Nume:		Address:
□Vice Chairman	Address:	Elvice Chairman	Applicas.
□Dæætor		□Dir octos	
□ President		□l'resident	
EVice President		☐ Vice President	
□ Secretary	☐ Treamuce	□ Secretary	☐Tressurer
□Other	COther	⊡Other	
		□ Chairman	Name:
☐Chairman	Name:	_	n Address
☐Vice Chair===	a Ad iress	··· viæ Cesima:	
Director		□ Director	
⊡President		☐ President	
⊡Vice Pπιαίσει	ŭ	☐Vice Presiden	
Secretary	⊡Treasurer	☐Secretary:	□Træsura
⊝O ther	Other	⊡0:b≈	
radividuals rezy	te: Use an attachment to report more than six (6). The sybe added to the index when filting your Florida Departy be added to the index when filting your Florida Departy.		aged for reporting purposes only. Non-inde Report form.
12.	Signature of Direct		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State contributes a third degree felony as provided for 5.817-155. F.S.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

FLAMERET, INC.

is a

Profit Corporation

did on **November 29, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000593209**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of June, 2023 at 7:25 AM. This certificate is assigned ID Number 062287931.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

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.

Flameret Inc.			
(Enter name of co	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Flameret Interna	tional Inc.		
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)	
2. Wyoming 3			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. August 13, 2009	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6	(Date first transacted business in F	lorida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)	
7 1130 Misti Court,	Venice, Florida 34293		
,	(Principal office	street address)	
	(Current mailing	address, if different)	
8. Name and stree	t address of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	Elliot Greene		
Office Address:	100 E Linton Blvd., Suite 304B		
Office / touress.	Delray Beach,	33483	
	Delray Beach, (City)	, Florida(Zin code)	
	(City)	(Zip code)	
9. Registered ago	ent's acceptance:		
Having been nam	ed 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 appointme	nt as registered agent and agree to act in this capacity. I ative to the proper and complete performance of my duties	
and I am familiar	with and accept the obligations of my posi-	tion as registered agent.	
•	•		
	ma ha		
	Must sere		
	(Registered agent's sign	nature)	
10. Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior to delivery of this application to	

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

	Singa Cilaver	 eq:	John Meredith [Chairman Name:			
	Name:		11303	Misti Com		
Wice Chainnan	Address	ZVice Chairman	Address: Venice, PL 3-0			
Dieser	Variet, FL 34293	#10hreplet	*CBC, FD 3C			
i inclidant		President				
		_ v ஊன்சினர்				
Secretary	_ Trasust	∐Secretzry]]Trævier		
-				Other		
्र अस्ति						
	Nuizie	I Chastran	Name)			
	Address:	THE SECOND PROPERTY.	Ajāšress			
		Thi perture				
		- ************************************				
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□Vice Prosident	***	——————————————————————————————————————		⊒1 ca- uru		
□ Secretary	I transme	110tha		EOSE		
_(xix:	T.Other					
		[] Chairman	Name:			
	Name	" None (Springer	m Address <u> </u>			
© Voce Chalima	Adáras.	— Director				
∑Director		— Occupi S.—				
□ Vigo Presida	317					
□ Secretors	Z. Weakurer	□Searcary				
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she's lawner that follow information a grantfed in a document to the Department of State constitute, a third degree telesis at provided for it is 8-7-15b. 5-8

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