FZ3000004611

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(expression in the series)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registratic Division o	on Section of Corporations				
SUBJECT: Nav	rigantis Inc.				
	Namo	e of corporation - r	nust include suffix		
Dear Sir or Madan	n:				
"Certificate of Exi		te of Good Standir	ig" and check are subi	et Business in Florida," mitted to register the	
Please return all co	orrespondence concer	ning this matter to	the following:		
Marc Camprubi Ar	tal				
		Name of Pe	'son		
Navigantis Inc.					
	•	Firm/Compa	ny		
801 Brickell Avenu	ie, Suite 1600				
		Address		 	
Miami, Florida, 33	131				
	<u> </u>	City/State and	Zip code		
mcamprubi@navig	•				
	E-mail addre	ss: (to be used for	future annual report n	otification)	
For further inform	ation concerning this	matter, please call	:		
Marc Camprubi Ar	tal	305 at ()	9340820		
Name of I	Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Solution of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	k for the following an ayable to: FLORIDA I ee S78.75 Fil Certificate	DEPARTMENT O	F STATE 78.75 Filing Fee & Jertified Copy	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.

Navigantis Inc	i.		
	corporation; must include "INCORPORATED." "Corp." "Inc." "Co," or "Corp.")	OMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name adop	oted for the purpose of transacting business in Florida)	
Delaware			
10/11/2022	ry under the law of which it is incorporated)		
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)	
		5 1600, M. AMI, FL 3313. treet address:	
	enue, Suite 1600, Miami, Florida, 33131 (Current mailing ad	Line to the control	
	(Current maining ad	divess, it differents	
8. Name and stre	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Marc Camprubi Artal		
Office Address:	801 Brickell Avenue, Suite 1600		
	Miami	Florida 32149 33 13 1 (Zip code)	
	(City)	(Zip code)	
Having been nan designated in thi further agree to d	s application. I hereby accept the appointment	of process for the above stated corporation at the place to as registered agent and agree to act in this capacity. I live to the proper and complete performance of my duties, on as registered agent.	
	Marc Campi	rubi Artal	
_	(Registered agent's signat	(ure)	

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.

DocuSign Envelope ID: RD6D10F0-3164-484E-9257-7A1A8FD51A49 A. DIRECTORS Ivan Delevic Maurice R. Ferre □ Chairman **T**Chairman Name: 801 Brickell Avenue, Suite 1600 801 Brickell Avenue, Suite 160 Address:] □Vice Chairman □Vice Chairman Miami, Florida, 33131 Miami, Florida, 33131 ■Director ■ Director Thesident President □Vice President 🔃 □ Vice President □ Secretary ☐ Freasurer ☐ Freasurer Secretary _____ □Other _____ □Other 二Other Jongyun Wu Name: _ Mor Dayan \Box Chairman □ Chairman Name: 801 Brickell Avenue, Suite 1600 801 Brickell Avenue, Suite 160 □Vice Chairman Address. □ Vice Chairman Address. Miami, Florida, 33131 Miami, Florida, 33131 Director Director □President Dresident □ Vice President 🗆 Vice President Secretary | T Preasurer Secretary ☐ Freasurer ■Other CEO 二Other _____ □Other _____ ∃Other Name _____ □ Chairman □ Chairman Name: _____ □Vice Chairman Address _____ □ Director Director □ President □President Vice President Uice President \[\sum_{\text{Secretary}} \] ☐ Freasurer □ Secretary □ Freasurer □Other____ □Other _____ Tother ______ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be unaged for reporting purposes only. Non-indexed individuals may be added to the under when filling your FartiRes 1290APXent of State Annual Report form, Signature of Director of 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.8 the Day of LED

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NAVIGANTIS, 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 SIXTEENTH DAY OF JULY, A.D. 2023.

AND SOLUTION OF THE PARTY OF TH

Authentication: 203753751

Date: 07-16-23