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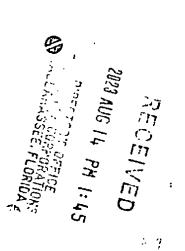
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/14/2023

NAME:

ETXE 1 INC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ETXETInc.	
	oration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporat "Certificate of Existence." or "Certificate of God above referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Jordyn Kaplan	
N:	me of Person
Litwin Kach LLP	
Fir	n/Company
200 N LaSalle St Ste 1550	
	Address
Chicago, IL 60601	
City/	State and Zip code
paralegal@litwinkach.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
Jordyn Kaplan 312	281-8853
Name of Person Are	a Code Daytime Telephone 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
Enclosed is a check for the following amount:  Please make check payable to: <b>FLORIDA DEPART</b> .  \$\overline{\text{\text{\text{\text{\text{Pling Fee}}}}} \overline{\text{\tiling}\text{\tex	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

## 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 unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transac	ting business in Florida)	
Delaware	3			
9/21/2020	,	(FEI number, if		
(Date	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpetual)	
· <u></u>				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		.:1:	
1680 Michigan A	eve. Suite 700 #322, Miami Beach, FL 33139	2, 1.5., to determine penalty had	янту)	
·	(Principal office	street address)		
	,		20	
	(Current mailing	address, if different)	2023 AUG	
			NG I	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Legaline Corporate Services Inc.			
ffice Address:	476 Riverside Ave		AMIO: 44	
	Jacksonville	Florida 32202		
	(City)	(Zip code)		
Ranictarad and	ent's acceptance:	• •		
	ed as registered agent and to accept service	of process for the above stat	ted corporation at the plac	
signated in this	application, I hereby accept the appointmen	nt as registered agent and ag	gree to act in this capacity.	
rther agree to co id I am familiar	omply with the provisions of all statutes rela with and accept the obligations of my posit	utive to the proper and comp ion as registered agent	lete performance of my du	
<b>,</b> .	with and accept the wonganous of my post	ion as regimered agem.		
	Tik Treutle (Registered agent's sign			

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.

A. DIRECTORS			
□Chairman	Name: Paul Coelho	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	1680 Michigan Ave Suite 700 #322	□Director	
<b>≣</b> President	Miami Beach, FL 33139	□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	□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: Undividuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department Signature of Directors	rtment of State Annual Rep	for reporting purposes only. Non-indexed ort form.
The afficer or direc-	tor signification this document (and who is listed in no		all of the second of the secon

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.

Paul Coelho, President



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

DELAWARE, DO HEREBY CERTIFY "ETXE I 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 EIGHTH DAY OF AUGUST, 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 "ETXE I INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2020.

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

at coro delaware gov/aut

Authentication: 203916403

Date: 08-08-23