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COVER LETTER

TO:	-	ation Section n of Corpora				
SUBJ	ECT:	ETXE II Inc.				
.,			Name of corporat	ion - mu	st include suffix	
Dear S	Sir or Mad	lam:				
"Certi	ficate of I	Existence," o	by Foreign Corporation or "Certificate of Good Supportion to transact bus	tanding"	and check are sub	
Please	return al	l correspond	ence concerning this ma	tter to the	e following:	
Jordyn	Kaplan					
			Name	of Perso	1)	
Litwin	Kach LL	P				
			Firm/C	Company		
200 N	LaSalle S	t Ste 1550				
-			A	idress		
Chicag	30, IL 606	וו				
			City/Sta	e and Zi	o code	
parale	gal@litwi	ikach.com				
		F	-mail address: (to be us	ed for fut	ure annual report i	notification)
For fu	rther info	rmation con	cerning this matter, plea	se call:		
Jordyn	ordyn Kaplan at () 281-8853					
	Name	of Person	Area (Daytime Telep	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		k payable to:	Following amount: FLORIDA DEPARTMF \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified Copy	S87.50 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 unavaila	ible in Florida, enter alternate corporate name ad-	opted for the purpose of transact	ing business in Florida)	
Delaware				
(State or countr	y under the law of which it is incorporated) 5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
1680 Michigan A	ve. Suite 700 #322, Miami Beach, FL 33139 (Principal office	street address)		
Name and stree	(Current mailing a	address, if different) Box NOT acceptable)	2023 AUG 18	
Name:	Legaline Corporate Services Inc.	<u> </u>		
ffice Address:	476 Riverside Ave		60 PH 12: 17	
	Jacksonville	, Florida <u></u>	意 。	
	(City)	(Zip code)	•	
aving been name esignated in this	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posite	nt as registered agent and ag tive to the proper and compl	ree to act in this capacity.	

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS, Paul Coelho Name: ____ □ Chairman □ Chairman Name: ______ □Vice Chairman ☐ Vice Chairman Address: _____ Address: 1680 Michigan Ave Suite 700 #322 □ Director □ Director Miami Beach, FL 33139 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 _____ ☐ 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: 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.

Paul Coelho, President



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

DELAWARE, DO HEREBY CERTIFY "ETXE II 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 EIGHTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETXE II INC."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2021.

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

ANYS OF THE PROPERTY OF THE PR

Authentication: 203993924

Date: 08-18-23