F2300005239

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



2023 SEP 13 AM11: 05

APPROVLU AND AND

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SEP 14 2023 K. Brumbley



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/13/23 Order #: 1264530-1

Re: Maya Foods International Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Maya Foods Internation. Name of corporation.	must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the		
Please return all correspondence concerning this matter t	o the following:		
Tom Ferro			
Name of P	erson		
Maya Foods Internal Inc. Clo Big Blue	Ocean LLC		
Firm/Comp	ралу		
410 Jencho Toke, Suite 304			
Addres	S		
Jencho, NY 11753 City/State an	d 7in code		
Compliance @ mainfoods, not	·		
E-mail address: (to be used for	r future annual report notification)		
For further information concerning this matter, please ca	ll:		
om Ferto a1 (5/6	1 290-4362		
Name of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314		
Tallahassee, FL 32303	Tanana3500, 1 2 525 1 7		
Enclosed is a check for the following amount:	OF STATE		
Please make check payable to: FLORIDA DEPARTMENT \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	\$78.75 Filing Fee & \$87.50 Filing Fee,		
Certificate of Status	Certified Copy Certified Copy 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.

Maya Fo	ods International Inc.				
"Inc.," "Co.," "C	corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	. ,				
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in Florida)		
New Yo	or K	24-2041583			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
3/	3/2010 5.				
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)		
	(Date first transacted business in				
2000	1.0	02, F.S., to determine penalty liability)			
- 13 4 4 0 0 V	Nw. 75th St SWI Miam	11, Fl 33147			
.d		ce <u>street</u> address)			
410 Jer	schoTphe Suito 304 Je	richo, NY 11753 g address, if different)	203		
	(Current mailing	g address, if different)	3 SEP		
Name and stee	et address of Florida registered arrest. (B.O.	D NOT	P13		
ivame and <u>stree</u>	et address of Florida registered agent: (P.O	. Box NOT acceptable)	(**) (**) (**) (**)		
Name:	Corporation Service Company	<u></u>	至		
ffice Address:	1201 Hays Street		AH 11: 05		
11100 1 1001	Tallahassee	32301	்ள		
	(City)	, Florida <u>(Zip code)</u> (Zip code)			
	(City)	(Zip code)			

Having been named 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 appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:

(Registered agent's signature)

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	• •						
, ☐ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address: 410 Je Acho Tolo Suite 30	¥ □Vice Chairman	Address:				
□Director	Jencho, NY 11753	□Director					
President	Merridy Intonato	□President	-				
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		Treasurer			
□Other	Other	Other		□ Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman					
□Director.		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		☐Tr ea surer			
□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. 12. Signature of Director or Officer							
) 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.S.

13. Merridy Tatonato Fresident
(Typed or printed name and capacity of person signing application

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be file in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of thi certificate, the following entity information is reflected:

Entity Name: MAYA FOODS INTERNATIONAL INC.

DOS ID Number: 3919188

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/03/2010

Statement Status: CURRENT Statement Due Date: 03/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 13, 2023 at 01:57 P.M.

Brandon C Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004301454 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov