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DATE:

10/13/2023

NAME:

TEA WORLDWIDE, INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Tea Worldwide, Inc.				
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporations	ificate of Good Stand	ling" and check are sub		
Please return all correspondence co	ncerning this matter	to the following:		
Alejandro Aguirre				
	Name of I	Person		
100.co Incubator, Inc.				
	Firm/Com	oany		
381 NE 191St PMB 85223				
	Addre	SS		
Miami, FL 33179				
	City/State ar	d Zip code		
alejandro@100.co, accounting@100.c	o			
E-mail a	ddress: (to be used for	or future annual report n	otification)	
For further information concerning	this matter, please ca	all:		
Alejandro Aguirre	at (934-7944		
Name of Person		Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

				
	able in Florida, enter alternate corporate name a	• •		
2. Delaware	y under the law of which it is incorporated)	17-2393709		
08/18/2021				
(Date of incorporation) 5.		(Date of duration, if other	(Date of duration, if other than perpetual)	
5				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liab	ility)	
7. 381 NE 191St PN	4B 85223 Miami, FL 33179			
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)	023 (
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT accentable)		
	Paracorp Incorporated	<u></u>	2023 OCT 13 PM	
Name	155 Office Plaza Drive, 1st Floor		PH 5:	
Name: Office Address:				
Name: Office Address:	Tallahassee	, Florida	. ·	
	Tallahassee (City)	. Florida 32301 (Zip code)	. :. y	
Office Address: Office		Zip code) (Zip code) e of process for the above state and aguative to the proper and complete.	ed corporation at the place 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.

A. DIRECTORS Name: Alejandro Aguirre Kim Perell Name: **■**Chairman □ Chairman 4420 N Bay Rd 805 Sorolla Ave Address: Address: □Vice Chairman ☐ Vice Chairman Miami Beach, FL 33140 Coral Gables, FL 33134 □ Director □ Director □ President □ President □Vice President ■ Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □Chairman □ Chairman Name: Name: □Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President _____ □ Vice President ☐Treasurer ☐ Secretary ☐ Secretary ☐Treasurer □Other □Other _____ □Other _____ ☐ Chairman Name: _____ □Chairman Name: Address: _____ □Vice Chairman Address: □ Vice Chairman Director Director □ President □ President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary ☐Treasurer □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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/12/2023

ENTITY NAME: Tea Worldwide, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TEA WORLDWIDE, 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 ELEVENTH DAY OF SEPTEMBER, 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 "TEA WORLDWIDE,

INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.

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



Authentication: 204132465

Date: 09-11-23