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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION Q101, INC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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under the law of which it is incorporated.

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## 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.

0101.1NC				
(Enter name of c	orporation; must include "INCORPORATED," " orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION		•
QiQi Florida, Ia	ıc.			
(If name unavail	able in Florida, enter alternate corporate name add	ppted for the purpose of transacting	g business in Florida)	-
2. NEVADA	3			
(State or countr 02/08/2021		(FEI number, it app		•
(Date	of incorporation)	(Date of duration, if other t	han perpetual)	-
6.				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liabilit	(y)	
7. 244 LADINGS B	OULEVARD, WESTON, FL 33327			
	(Principal office	street address)	2023 NOV SECRET	·
	(Current mailing a	ddress, if different)	TAR AND IS	2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
8. Name and stree	et address of Florida registered agent: (P.O. F	Box NOT acceptable)		n
Name:	Registered Agent Solutions, Inc.	_	OF STER	( man
Office Address:	2894 Remington Green Ln., Ste. A	_	3: 28 STATE E. FI.	
	Tallahassec	. Florida <u>32308</u>		
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance:  led as registered agent and to accept service is application, I hereby accept the appointment omply with the provisions of all statutes relatives with and accept the obligations of my positions.	nt as registered agent and agre tive to the proper and complete	e to act i <mark>n this c</mark> apa	$cin_{\!\! m C} I$
	/S/ Naomi Ostopowitz, Assistant Secretary			
_	(Registered agent's signa	ature)	<del></del>	

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

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

Page: 4 of 5

īo:

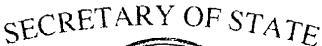
2023-11-13 07:32:13 CST

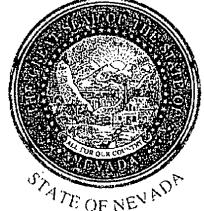
Lexitas

From: Naomi Ostopowitz

A. DIRECTORS			
□ Chairman	Name: GILI LISANI	□Chairman	Name:
☐ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	WESTON, FL 33327	□ Director	
■ President		TPresident	
∃Vice President		TVice President	
I Secretary	TTreasurer	<b>NSecretary</b>	JTreasurer
□Other	□Other	□Other	□Other
∐Chairman	Name:	_1Chairman	Name:
□ Vice Chairman	Address:	TVice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		Tivice President	
□Secretary	Treasurer	□Secretary	□Treasuter
□Other		□Other	
JChairman	Name:	_lChairman	Name:
∃Vice Chairman	Address:	□ Vice Chairman	Address:
Director		_1Director	
[]President		_ JPresident	<del>-</del>
∃Vice President		□Vice President	
7 Secretary	□Treasurer	DSecretary	□Treasurer
]Other	□Other	□Other	Other

The officer or director signing this document (and who is listed in number 1) 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.







I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, QIQI, INC, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 02/08/2021, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.



Certificate Number: B202310154038598

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/15/2023.

FRANCISCO V. AGUILAR Secretary of State