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COVER LETTER

TO:	Registration Section Division of Corpora				
SUR	JECT:	FINCENFETC	H INC.		
зов		Name of corporation - m	ust include suffix		
Dear :	Sir or Madam:				
"Certi	ificate of Existence,"	by Foreign Corporation for Aut or "Certificate of Good Standing orporation to transact business in	g" and check are submitt	usiness in Florida." ed to register the	
Please	e return all correspond	dence concerning this matter to (the following:		
		Charles Wisr	ner		
	•	Name of Pers	son		
		FINCENFETCH	INC.		
		Firm/Compar	ny		
		12321 Equine	Lane		
•		Address			
		Wellington FL	33414		
	·	City/State and 2	Zip code		
		CHARLES@FINCE			
		E-mail address: (to be used for	future annual report notil	fication)	
For fi	urther information cor	ncerning this matter, please call:			
	Charles Wismer	at (321)	313 3900		
	Name of Person	Area Code	Daytime Telephon	e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sect Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Pleas		o: FLORIDA DEPARTMENT O! □ \$78.75 Filing Fee & □ \$	F STATE 78.75 Filing Fee & [Certified Copy	☐ \$87.50 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.

FINCENEE	TCH FLORIDA INC	
(If name unavailab	le in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2 Delaware	USA 3.	93 - 3287753
(State or country	under the law of which it is incorporated)	93 - 3287753 (FEI number, if applicable)
4 08/3	1/2023 5.	
(Date o	f incorporation)	(Date of duration, if other than perpetual)
6.		
·	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7	7901 4th St. N STE 300, S	t. Petersburg, FL 33702
/· <u> </u>		ice street address)
	12321 Equine Lane, Wellin	gton FL 33414
	(Current maili	ng address, if different)
8. Name and street	address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)
Name:	Charles Wismer	
Office Address:	12321 Equine Lane	
	Wellington	Florida <u>33414</u> (Zip code)
	(City)	(Zip code)
designated in this of	d as registered agent and to accept serv	vice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my dutie oxition as registered agent

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.

(Registered agent's signature)

A. DIRECTORS	•			
□Chairman	Name: Charles Wismer	□Chairman	Name:	
□Vice Chairman	Address: 12321 Equine Lane	□ Vice Chairman	Address:	
□Director	Wellington FL 33414	□Director		
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
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		
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
individuals may b	Use an attachment to report more than six (6). The atta e added to the index when filing your Florida Department	ent of State Annual R	Report form.	
12.	Signature of Director	Officer		
The officer or direshe is aware that s.817.155, F.S.	ector signing this document (and who is listed in number false information submitted in a document to the Depart	er 11 above) affirms t tment of State consti	that the facts state tutes a third degre	d herein are true and that he c
13	(Typed or printed name and capacity of pers	on signing application	on)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FINCENFETCH 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 SEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINCENFETCH INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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

Authentication: 204114399

Date: 09-07-23