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12/11/23--01067--013 **87.50



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: QuikLiq, Tac Name of corporation - must inc				
Name of corporation - must inc	clude suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorizate "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Florida.	check are submitted to register the			
Please return all correspondence concerning this matter to the foll	lowing:			
Navarr Grevi	OUS			
Name of Person				
Quik Liq Firm/Company				
Firm/Company				
Miami Brach, FL, 3 City/State and Zip coo Navarra Quik Liq. (om E-mail address: (to be used for future a				
Address	200			
Miami Brach, +L,	33137			
City/State and Zip cod	le			
Navarra Quik Lig. (om	1			
E-mail address: (to be used for future a	innual report notification)			
For further information concerning this matter, please call:				
Navast Grevious at (862) 201-9540 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations The Centre of Tallahassee Division of Corporations P.O. Box 6327				
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314				
Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
Please make check payable to: FLORIDA DEPARTMENT OF STATE ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee,				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 F Certificate of Status Certified	-			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	E WITH SECTION 607.1503, F. REIGN CORPORATION TO TE	RANSACT BUSII	NESS IN THE STATE OF F	FLORIDA.	
(Enter name of c	orporation; must include "INCORI orp," "Inc," "Co," or "Corp.")	FAC. PORATED," "CO	OMPANY," "CORPORATIO	N,"	-
	able in Florida, enter alternate corp	·	·	=	_
2. Dela	WAYE y under the law of which it is inco	3	87-3854.	273	
(State or countr	y under the law of which it is inco	rporated)	(FEI number, if a	pplicable)	-
	•				_
4. 4/23/202/ 5. (Date of incorporation) (Date of duration, if other than perpetual)		than perpetual)			
6.	1/2023				
·	/ (Date first transacted	d business in Flori	da, if prior to registration)		-
10			S., to determine penalty liabil	_	
7. <u>[000_5′</u>	h Street Svite 2	.00-Qb; 1	Miami Brach, +	L, 33139	_
	(P	rincipal office str	eet address)		
	(Cı	urrent mailing add	ress, if different)		
				282: SEC TA	
8. Name and stree	t address of Florida registered a	agent: (P.O. Box	NOT acceptable)		أورائي
Name:	Navarr Greviou	15		823 DEC 11 AM 10: 55 ECRETARY OF STATE TALLAHASSEE, FL	
				ASS.	
Office Address:	TTCO Murding as	ve apt 9			
	7720 Harding ai Miami Beac (City)	ch	Florida 33141		in grad
	(City)		(Zip code)	· 🕅 👪	
0 D 24	13				
9. Registered age <i>Having been nam</i>	ent's acceptance: ed as registered agent and to a	accent service of	process for the above state	d corporation at the i	nlace
	application, I hereby accept th				
	omply with the provisions of al			ete performance of my	y dut
and I am familiar	with and accept the obligation	is of my position	as registered agent.		
	Navart X rain	ner 1			
_		ed agent's signatur	re)		
	(g.i.vor				

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

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name: Navarr Grevious	Chairman	Name: Aaron Carter
☐ Vice Chairman	Address: 7720 Haiding ave.	□Vice Chairman	Address: 1000 5th Street
Director	apt. 9, Migmi Brach,	□Director	Suite 200-06
□President	FL, 33141	□President	Miami Beach, FL
□Vice President		□Vice President	33139
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
□Vice Chairman	Name: Mikael Pyles Address: 2940 E Virginia ave	☐ Vice Chairman	Name:
Director	West covina, CA	□Director	
President	91791	President	
□Vice President		□Vice President	
Secretary	☐Treasurer	□Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen The stack of the stack of Director or Signature of Director or	t of State Annual Re	d for reporting purposes only. Non-indexed port form.
The officer or direct she is aware that fars. \$17.155, F.S.	etor signing this document (and who is listed in number also information submitted in a document to the Departm	l I above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13	Navarr Grevious		

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "QUIKLIQ, 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 EIGHTH DAY OF NOVEMBER, 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 "QUIKLIQ, INC."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2021.

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

AAYS OF THE PROPERTY OF THE PR

Authentication: 204552923

Date: 11-08-23