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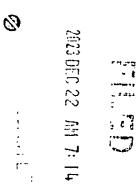
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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NA

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Maestro Watch Co. Inc	<b>:</b> .			
		1	Name of corpo	oration - 1	nust include suffix	
Dear S	Sir or M	adam:				
"Certif	ficate o		ificate of Goo	d Standii	thorization to Transact ng" and check are subm in Florida.	
Please	return	all correspondence co	ncerning this	matter to	the following:	
МОНА	MMAI	ALI GULZARI				
<del>-</del>			Na	me of Pe	rson	
GULZ	ARI CP	A LLC				_
			Firn	n/Compa	ny	
1101 M	(IRANI	DA LN. STE 128				
				Address		
KISSIN	ммее.	FL 34741				
_			City/S	State and	Zip code	<del></del>
fabio.n	nanfre@	maestrowatches.com	_			
		E-mail a	ddress: (to be	used for	future annual report no	otification)
For fur	rther in	formation concerning	this matter, p	lease call	:	
МОНА	MMAI	O ALI GULZARI	at (	,	750-6011	
•	Nam	e of Person		a Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	make cl	~		t 🗆 S	F STATE 678.75 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.

Maestro Watch	Co. Inc.				
(Enter name of co	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."		
Maestro Watch	Holding Co. Inc.				
(If name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transacti	ng business in Florida)		
Canada	3	Not Applicable (FEI number, if a			
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)		
04-15-2016 4.	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6. 09-11-2023					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		lity)		
3025 N Ocean Bl	vd, Suite 4, Fort Lauderdale, FL 33308				
	(Principal offi	ce <u>street</u> address)			
	(Current mailin	g address, if different)			
		D 107			
3. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)			
Name:	Fabio Manfre				
Office Address:	3025 N Ocean Blvd, Suite 4				
	Fort Lauderdale	, Florida 33308 (Zip code)	1023 DEC 22		
	(City)	(Zip code)	, in its		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appointn comply with the provisions of all statutes re	ce of process for the above state nent as registered agent and ag elative to the proper and comple	ed corporation at the place ree to act in this capacity.		
and I am familiar	with and accept the obligations of my po	sition 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	Pabio Manfre Name:	□Chairman	Name:	
□Vice Chairman	Address: 3025 N Ocean Blvd, Suite 4	□Vice Chairman		
□Director	Fort Lauderdale, FL 33308	□Director		
President		□President		
□Vice President		□ Vice President	_	
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□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	<del> </del>	□Other
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President	<del></del>	□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.				
12. 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.				

Fabio Manfre, President

Certificate of Existence	Certificat d'existence		
Canada Business Corporations Act s. 263.1(1)(c)	Loi canadienne sur les sociétés par actions art. 263.1(1)		
Maestro Wa	atch Co. Inc. Dénomination sociale		
	223-2 r / Numéro de société		
I HEREBY CERTIFY that the corporation named above was in existence under the Canada Business Corporations Act on 2023-12-16 (YYYY-MM-DD).	JE CERTIFIE, par la présente, que la société ci-dessus mentionnée existait en vertu de la Loi canadienne sur les sociétés par actions le 2023-12-16 (AAAA-MM-JJ).		
Handy	Thospes		
	Prosper		
	r / Directeur -12-16		
Issuance date (	(YYYY-MM-DD) n (AAAA-MM-JJ)		