# F24000000604

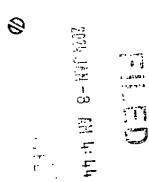
(Requestor's Name)						
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	FCT. FAVO CAPITAL, INC.			
3000	Name of corpor	ation - m	ust include suffix	
Dear S	ir or Madam:			
"Certi	iclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good referenced foreign corporation to transact by	Standing	g" and check are submi	Business in Florida," tted to register the
Please	return all correspondence concerning this n	atter to t	he following:	
Sean D	oney			
	Nan	e of Pers	on	
The De	oney Law Firm			
	Firm	/Compan	y	
4955 S	, Durango Dr., Suite 165			
		Address		
Las Ve	egas, NV 89113			
	City/S	ate and Z	Cip code	
sean@	doneylawfirm.com			
	E-mail address: (to be	used for f	uture annual report not	ification)
For fu	rther information concerning this matter, ple	ease call:		
Sean I	Ooney 702	)	982-5686	
		Code	Daytime Telepho	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTM 0.00 Filing Fee  S78.75 Filing Fee & Certificate of Status	□ \$*	F STATE 78.75 Filing Fee & Tentified 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.

Favo Capital, Inc	Favo Capital, Inc.		
	orporation: must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Fl			
Nevada	3	88-04360717	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/12/1999	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1025 Old Country	Rd., Suite 421E, Westbury, NY 11590		
		Tice street address)	
	(**************************************		
	(Current maili	ing address, if different)	
	(04.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
	Registered Agents Inc		
Name:	7004 AH OLN CTC 200		
ffice Address:	7901 4th St N STE 300		
	St. Petersburg		
	(City)	(Zip code)	
Dogiotowed og	ontic acceptance		
	ent's acceptance: led as registered agent and to accept serv	vice of process for the above stated corporation <b>A</b> the pl	
signated in this	application, I hereby accept the appoint	tment as registered agent and agree to act in thi <del>s c</del> apaci	
rther agree to c	omply with the provisions of all statutes with and accept the obligations of my p	relative to the proper and complete performance of my	
ia i am jamiliar	with that accept the obligations of my p	osmon as registerea agent.	
7			
d	Javia Josephs Countries of		
_	(Registered agent's	signature)	

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.

#### DocuSign Envelope ID: 41A89D94-5C38-4FFE-972C-81FF881EE70B

#### A. DIRECTORS Name: Vincent Napolitano Shaun Quin Name: ☐ Chairman □ Chairman Address: \_\_\_ 1025 Old Country Road Address: \_\_ ☐ Vice Chairman ☐ Vice Chairman Suite 421E Suite 421E Director Director Westbury, NY Westbury, NY President □ President 11590 11590 ☐ Vice President □ Vice President □Treasurer ☐ Secretary □ Secretary **■** Treasurer CEO Other □Other \_\_\_\_\_\_ Other \_ Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman □ Chairman 1025 Old Country Road Address: \_\_\_\_\_\_ □ Vice Chairman Address: ☐ Vice Chairman Suite 421E □ Director ■ Director Westbury, NY □President President 11590 ☐ Vice President □ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Chairman □ Chairman Name: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director □President □President ☐ Vice President □Vice President \_\_\_\_ □Treasurer □ Secretary □ Treasurer □ Secretary ☐ Other \_\_\_\_\_ □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.

Shaun Quin, President

#### DocuSign<sup>®</sup>

**Certificate Of Completion** 

Envelope ld: 41AB9D945C384FFE972C81FF881EE70B Subject: Complete with DocuSign: FAVO - FL Qualification.pdf

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scott@doneylawfirm.com

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scott@doneylawfirm.com IP Address: 68.104.105.199

Scott Doney

Signer Events

Shaun Quin

squin@favocapital.com

Security Level: Email, Account Authentication

(None)

Signature

EF<--

Signature Adoption: Drawn on Device Using IP Address: 174.216.210.203

Signed using mobile

**Timestamp** 

Timestamp

Sent: 1/2/2024 12:11:17 PM Viewed: 1/2/2024 12:30:32 PM Signed: 1/2/2024 12:30:56 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events

**Payment Events** 

Signature

Editor Delivery Events Status Timestamp

Agent Delivery Events Status Timestamp

Intermediary Delivery Events Status Timestamp

Certified Delivery Events Status Timestamp

Carbon Copy Events Status Timestamp

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Witness Events Signature Timestamp

Notary Events Signature Timestamp

Envelope Summary Events Status Timestamps

Envelope Sent Hashed/Encrypted

Certified Delivered Security Checked

Signing Complete Security Checked

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1/2/2024 12:11:17 PM 1/2/2024 12:30:32 PM 1/2/2024 12:30:56 PM

Status Timestamps

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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 Revised Statutes which are either presently in a status of good standing or were in good standing 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, Favo Capital, 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 07/12/1999, and is in good standing in this state.

Certificate Number: B202401024237223

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 01/02/2024.

FRANCISCO V. AGUILAR Secretary of State