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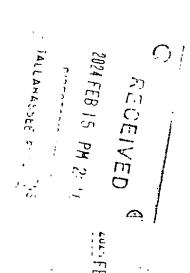
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PICK-UP	☐ WAIT	MAIL
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(5	Zinioso Zining (Yamio,	
(0	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to Fil	ling Officer:	
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Office Use Only



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COVER LETTER

TO:		tration Section ion of Corporations		
SUBJ	ECT:	MIRALOVE LTD CO		
		Name of	f corporation	- must include suffix
Dear S	ir or M	adam:		
"Certif	icate of		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return a	all correspondence concernin	g this matter	to the following:
MONIO	CA USC	CATEGUI		
			Name of	Person
GREEN	VLIGHT	FINANCIAL LLC		
-	-		Firm/Com	pany
7480 B	IRD RE	STE 810		
			Addre	ess
MIAM	I, FL 33	155		
			City/State a	nd Zip code
MUSC.	ATEGU	i@GREENLIGHTFINANCIAI	L.NET	
		E-mail address:	(to be used f	or future annual report notification)
For fur	ther inf	Formation concerning this ma	tter, please c	all:
MONICA USCATEGUI at (305		860-5970		
	Name	e of Person	Area Code	Daytime Telephone Number
	Regis Divisi The C 2415	tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314
Please i		check for the following amount of the payable to: FLORIDA DEI of Fee \$78.75 Filing Certificate of	PARTMENT Fee & □	OF STATE I \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

1. MIRALOVE L	LD CO				
(Enter name of c	corporation; must include "INCORPORATED," corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name ac	opted for the nurpose of transacting h	ousiness in F	lorida)	
BRITISH VIRC	PITISH VIRGINISI AND 98 1769002				
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. 02/09/2024	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6					
	(Date first transacted business in t (SEE SECTIONS 607.1501 & 607.150	lorida, if prior to registration) 2, F.S., to determine penalty liability)			
7. 3230 NW 126 AV	VE SUNRISE, FL 33323				
	(Principal office	street address)			
3230 NW 126 A	VE SUNRISE, FL 3323				
	(Current mailing	address, if different)			
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		707	
Name:	PATRICIA DEL PINO			LUL" FEB	
Office Address:	7791 NW 46 ST SUITE 428		:	2	
	DORAL	, Florida		P# 2	, <u>.</u>
	(City)	(Zip code)		2: 5	~ 11-
Having been nam designated in this further agree to c	ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	nt as registered agent and agree t ative to the proper and complete p	to act in thi	at the p	ity. I

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.

A. DIRECTORS Marcos Guillermo Lopez Aleman Maria Karina Lopez Aleman □ Chairman □ Chairman 3230 NW 126 Ave 3230 NW 126 Ave Address: □Vice Chairman □ Vice Chairman Address: Sunrise, FL 33323 Miami, FL 33323 ■ Director **■** Director President □ President □Vice President _____ ☐ Vice President ☐ Secretary □Treasurer **■**Secretary ☐Treasurer □Other _____ □Other _____ Other ____ Name: ____ □ 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 _____ □ 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 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 indix 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. MARCOS GUILLERMO LOPEZ ALEMN

TERRITORY OF THE BRITISH VIRGIN ISLANDS BVI BUSINESS COMPANIES ACT, 2004

CERTIFICATE OF GOOD STANDING (SECTION 235)

RRRDCRC214

The REGISTRAR OF CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES that, pursuant to the BVI Business Companies Act, 2004 at the date of this certificate, the company,

MIRALOVE LTD.

BVI COMPANY NUMBER: 466334

- 1. Is on the Register of Companies
- 2. Has paid all fees and penalfies due untier the Act
- 3. Has filed its register of directors with the Registrar which is complete of
- 4. Has not filed articles of merger or consolidation that have not become effective;
- 5. Has not filed articles of arrangement that have not yet become effective
- 6. Is not in voluntary liquidation
- 7. Is not in liquidation under the Insolvency Act 2003
- 8. Is not in receivership under the Insolven
- 9. Is not in administrative receivership and
- 10. Proceedings to strike the name of the company off the Register of Companies have not been instituted.



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REGISTRAR OF CORPORATE AFFAIRS

10th day of January, 2024