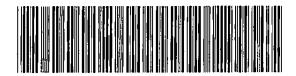
FA40000/064

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T. LEMIEUX FEB 2 6 2024



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MOOREA INTERNATIONAL	LIMITED		
	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp"Certificate of Existence," or "Certificate o above referenced foreign corporation to trans	f Good Standi	ng" and check are submit	
Please return all correspondence concerning	g this matter to	the following:	
CESAR A. ESCOBAR VALDIVIESO			
	Name of Po	erson	
	Firm/Compa	any	
6220 HAZELTINE NATIONAL DRIVE, STE	116	•	
	Address	 ;	
ORLANDO, FLORIDA 32822			
	City/State and	Zip code	
escobarc64@gmail.com			
E-mail address:	(to be used for	future annual report noti	fication)
For further information concerning this mat	ter, please cal	1:	
CESAR A. ESCOBAR VALDIVIESO	t (<u>407</u>	808-8929	
Name of Person	Area Code		ne 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 Taltahassee, FL 32314	
Enclosed is a check for the following amou Please make check payable to: FLORIDA DEF \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT (Fee & 🔻 🗆 :		■ \$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.

(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting	ng business in Florida)
ANGUILLA, V	V.I.		
(State or count)	y under the law of which it is incorporated)	(FEI number, if ap	opticable)
MARCH 4, 202	0 5		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
N/A			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.)		ity)
EYWOOD HO	USE ANGUILLA, W.I.		•
	(Principal office st	reet address)	
6220 HAZELTII	NE NATIONAL DRIVE, STE 116 ORLANDO , FL	ORIDA 32822	
	(Current mailing ad-	dress, if different)	20
Name and street	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	CESAR A. ESCOBAR VALDIVIESO	-	-
fice Address:	6220 HAZELTINE NATIONAL DR. STE 116		
mee Address.	ORLANDO	, Florida 32822 (Zip code)	-9 AMII:00
		, 1 10/100	

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 autherticated, 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	Cesar A. Escobar Valdivieso	Chairman	Name:	· · · · · · · · · · · · · · · · · · ·				
□Vice Chairman	Address: 6220 HAZELTINE NATIONAL	□Vice Chairman	Address:					
Director	DR. STE 116 ORLANDO , FL 32822	Director						
≅ President		□President						
□Vice President		□Vice President						
☐ Secretary	Treasurer	Secretary		Treasurer				
Other	Other	□Other		□Other				
□Chairman	Name:	□ Chairm a n	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	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	Treasurer	Secretary		□Treasurer				
□Other	Other	Other		Other				
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	chment will be image ent of State Annual Re	d for reporting p eport form.	ourposes only. Non-indexed				
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 of 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.								



BUSINESS COMPANIES ACT, 2022 CERTIFICATE OF GOOD STANDING

Exempted Company

Registered Number 2503806

The Registrar of Companies hereby certifies that

Moorea International Limited

is in good standing with the registry, has filed all documents due as required by the BUSINESS COMPANIES ACT, 2022 and has paid all relevant fees.

I further certify that:

The company has not submitted to the Registrar articles of merger, consolidation or arrangement that have not yet become effective.

The company is not in the process of being liquidated, wound up and dissolved. No proceedings to strike the name of the company off the register have been instituted.

Registrar of Companies

Dated this 15 of January 2024

Certificate No. ACR-CFIL-24/85572