(Requestor's Name)	_				
(Address)	_				
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	<u> </u>				
Special Instructions to Filing Officer:	٦				
RECEIVED					
MAR 12 2024					
Way-345,38					

Office Use Only



400423939224

02/19/24--01003--020 **78.75

2024 MAR 12 AH 10: 22

M. SOLOMON MAR 1 2 2024

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	JECT: AMDA INTERNATIONAL CONSULT	ING INC				
3000	Name of corporat	ion - mu	ist include suffix			_
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corporation of ficate of Existence," or "Certificate of Good S referenced foreign corporation to transact bus	tanding	and check are sub	ct Business in F mitted to registe	lorida," er the	
Please	e return all correspondence concerning this ma	tter to th	e following:			
ANTO	ONIO DELGADO					
	Name	of Perso	on		•	_ ~
AMD/	A INTERNATIONAL CONSULTING INC					024 MAR
	Firm/C	ompany	,			MAR
5201 E	BLUE LAGOON DR. SUITE 936				355	12
	Ac	ldress			T OF	_ ≥
MIAM	11, FL 33126				:-\co	AM 101 22
	City/Stat	e and Z	p code		<u> </u>	22
AMDA	AINTERNATIONAL2K18@GMAIL.COM					_
	E-mail address: (to be use	ed for fu	ture annual report n	otification)		
For fu	orther information concerning this matter, pleas	se call:				
ANTO	ONIO DELGADO at () 3	234758			
_	Name of Person Area C		Daytime Telepl	hone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTME 0.00 Filing Fee \$\sum \\$ \$78.75 Filing Fee & Certificate of Status	\$78	STATE 3.75 Filing Fee & rtified Copy	S87.50 Fi Certificat	e of Statu	ıs &

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.

FLAMDA, INC	. <u> </u>		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	1)
2. DELAWARE		APPLIED FOR	_
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
04/04/2018	5.	PERPETUAL	
(Date	5. of incorporation)	(Date of duration, if other than perpetual)	
. N/A 			_
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
5201 BLUE LAC	GOON DR. SUITE 936, MIAMI, FL 33126	502, 1.05, w determine penalty nationally	
		ice street address)	_
SAME AS ABO	•		~3
		ng address, if different)	024
	•	<u></u>	2024 HAR
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	12
Nama	ANTONIO DELGADO		? } ≥
Name:	COOLUMN ACCOUNTS SHITE 024		AH IO:
ffice Address:	5201 BLUE LAGOON DR, SUITE 936	~~~	: 22
	MIAMI	Florida 33126	, 0
	(City)	(Zip code)	

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 ANTONIO DELGADO Name: Chairman ☐ Chairman 5201 BLUE LAGOON DR ☐ Vice Chairman Address: □Vice Chairman Address: _____ SUITE 936, MIAMI, FL 33126 □ Director □ Director ☐ President □ President ☐ Vice President __ ☐ Vice President Treasurer Treasurer ☐ Secretary □ Secretary Other ____ □Other _____ □Other _____ □Other _____ Name: ☐ Chairman Name: _____ □ Chairman Address: ☐ Vice Chairman □ Vice Chairman Address: _____ □ Director □ Director □ President □ President □ Vice President _ ☐ Vice President ☐ Treasurer _ ☐ Treasurer ☐ Secretary □ Secretary □Other ≳ □Other _____ □Other _____ □Other _____ ☐ Chairman ☐ Chairman Name: ☐ Vice Chairman Address: _____ □Vice Chairman Address: _____ ☐ Director Director President □President □Vice President _____ □ Vice President □Treasurer Treasurer □ Secretary □ 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. ANOTNIO DELGADO,

(Typed or printed name and capacity of person signing application)

4.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMDA INTERNATIONAL CONSULTING 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 THIRTEENTH DAY OF FEBRUARY,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMDA"

INTERNATIONAL CONSULTING INC." WAS INCORPORATED ON THE FOURTH DAY

OF APRIL, A.D. 2018.

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

THE STATE OF THE S

Authentication: 202799020

Date: 02-13-24

6830417 8300

SR# 20240479877



March 5, 2024

ANTONIO DELGADO

5201 BLUE LAGOON DR, SUITE 936 MIAMI, FL 33126 US

SUBJECT: AMDA INTERNATIONAL CONSULTING INC.

Ref. Number: W24000036538

We have received your document for AMDA INTERNATIONAL CONSULTING INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones Regulatory Specialist II

Letter Number: 224A00004828

RECEIVED MAR 1 2 2024