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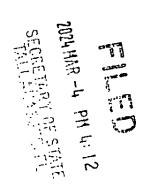
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alfie Internation (Name of corporation - mus	al Incorporated stinclude suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in I	and check are submitted to register the
Please return all correspondence concerning this matter to the Carol Fisher Name of Person	
Name of Perso	11
Alfie International I	, 0
Firm/Company	
124 Harmony Pl. Address	
Melbourne Beach, FL City/State and Zip	3a95[
MSC303@ amail. Or E-mail address (to be used for fut	Y\ure annual report notification)
For further information concerning this matter, please call:	
Carol Fisher at (757) Area Code	869-6066 Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF S \$\times \text{\$\times 70.00 Filing Fee}\$ \times \text{\$\times 78.75 Filing Fee}\$ \$\times \text{\$\times 1} \text{\$\times 78.}\$	TATE .75 Filing Fee & [7] \$87.50 Filing Fee, tified Copy 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. (Enter name of corporation: must include "INCORPORATED." "COMPANY." "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. 51-02699.33 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 224 Grosse Pointe Ave, Indialantic, FL (Principal office street address) 124 Harmony Place, Melbourne Beach, FL (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Carol Fisher Name: 124 Harmony Pl.

Melbourne Beach Florida 32951
(City) (Zip code) Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (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.

A. DIRECTORS Name: Alfonso Finocchiaro Name: (arol Fisher □ Chairman []Chairman Divice Chairman Address: 31 Four Seasons Dr. Address: 124 Harmony Pl Ll Vice Chairman Melbourne Beach N. Caldwell, NJ Director □Director <u> 32951</u> 07006 **M**President []President □Vice President [] Vice President □ Secretary ☐Treasurer **ElSecretary** □Treasurer MOther Office □Other ____ Other____ (I)Chairman Name: [] Chairman Name: [] Vice Chairman Address: []Vice Chairman Address: **ElDirector** □ Director **ElPresident** []President LIVice President LJVice President **ElSecretary** []Treasurer []Treasurer []Secretary []Other_____ □Other _____ □Other _____ []Other _____ []Chairman Name: []Chairman Name: LIVice Chairman Address: LJVice Chairman Address: []Director **ElDirector** []President []President [] Vice President UVice President **D**Secretary TiTreasurer | **ElSecretary** Treasurer []Other_____ □Other _____ []Other □lOther _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed andividuals 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.817.15\$, F.S.

13. Carol Fisher officer
(Typed or printed name and capacity of person signing application)





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

DELAWARE, DO HEREBY CERTIFY "ALFIE INTERNATIONAL 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 ELEVENTH DAY OF FEBRUARY, A.D. 2024.



Authentication: 202786059

Date: 02-11-24