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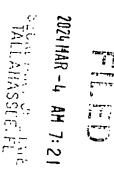
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### **COVER LETTER**

	egistration Section vision of Corporations			
SUBJEC	T. De La Isla Corporation			
SOBJEC		corporation - m	ust include suffix	
Dear Sir o	r Madam:			
"Certificat	sed "Application by Foreign Corp e of Existence," or "Certificate of renced foreign corporation to tran	Good Standing	" and check are submitt	
Please ren	irn all correspondence concerning	this matter to t	he following:	
Tamika Le	cheć Nittel-Morales			
-		Name of Pers	on	
De la Isla (	Corporation			
	· • · · · · · · · · · · · · · · · · · ·	Firm/Compan	y	
4954 Pelic	n Manor			
		Address		<del></del>
Coconut C	reck, FL 33073			
		City/State and Z	ip code	
Tamika.L.:	Morales@gmail.com			
_	E-mail address: (	to be used for f	uture annual report notif	ication)
For furthe	r information concerning this mat	ter, please call:		
Tamika Lo	cheé Nittel-Morales	(847	009-8740  Daytime Telephone	
1	ame of Person	Area Code	Daytime Telephone	: Number
R) D T) 24	rreet/courier address: egistration Section evision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 ellahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please mak	s a check for the following amounts of check payable to: FLORIDA DEP Filing Fee S78.75 Filing Certificate of	ARTMENT OF Fee &   \		S87.50 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.

De La Isla Corp	De La Isla Corporation						
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"					
De La Isla del E	incanto Corporation						
(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2. Illinois		3 26-1468142					
(State or countr	y under the law of which it is incorporated)	3. (FEI number, if applicable)					
11/27/2007							
(Date	of incorporation)	5(Date of duration, if other than perpetual)					
6. N/A							
o	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)					
7 4954 Pelican Mar	nor, Coconut Creek, FL 33073						
·		office street address)					
4954 Pelican Ma	nor, Coconut Creek, FL 33073						
	(Current mai	iling address, if different)					
8. Name and street	<u>et address</u> of Florida registered agent: (F	P.O. Box NOT acceptable)					
Name:	Tamika Lecheć Nittel-Morales						
	4954 Petican Manor						
Office Address:							
	Coconut Creek	Florida 33073 (Zip code)					
	(City)	(Zip code)					
9. Registered ag	ent's acceptance:						
		rvice of process for the above stated corporation at the place					
designated in this	application, I hereby accept the appoin	ntment as registered agent and agree to act in this capacity.  I					
		s relative to the proper and complete performance of my dutie					
ana 1 am jamiliai	with and accept the obligations of my	position as registerea agent.					
_	(Registered agent's	s signature)					
	( <b>G</b>	· · · <del>g</del> ·········					

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 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

	A. DIRECTORS	Tamika Lecheé Nittel-Morales		Hugo L. Morales
	□Chairman □Vice Chairman	Name: 4954 Pelican Manor	Chairman	Name:
	□ Director	Address:Coconut Creek, FL 33073	☐ Vice Chairman ☐ Director	Address: Coconut Creek, FL 33073
e e	President		□President	
	□Vice President		■Vice President	
`	\ <b>⊠</b> Secretary	Treasurer	□Secretary	□Treasurer
	Other	Other	Other	Other
	□ Chaiπnan	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
	□ Chairman	Name:	□ Chairman	Name:
	□Vice Chairman	Address:		Address:
	□Director		Director	
	□President		□President	
	□Vice President		□Vice President	
	Secretary	☐Treasurer	□ Secretary	□Treasurer
	□Other	Other	□ Other	□Other
	Important Notice: I individuals hay be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department of Director of Signature of Director of	of State Annual Re	d for reporting purposes only. Non-indexed eport form.

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.

#### File Number

6587-591-8



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DE LA ISLA CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 27, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of FEBRUARY A.D. 2024.

Authentication #: 2405900787 verifiable until 02/28/2025.

Authenticate at: https://www.ilsos.gov

Alexi Giannoul