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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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COVER LETTER

10:	Division of Corpor						
SUBJ	JECT: PINGPANDA CONSULTING BRAND INC. Name of corporation - must include suffix						
Dear S	ir or Madam:						
"Certif	ficate of Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standin	ng" and check are sub			
Please	return all correspond	lence concerning this m	atter to	the following:			
		Alexande	er Jaran	illo			
	· · · · · ·	Nam	e of Pe	rson			
		Firm/	Compa	ny			
		5550 GLADES	RD ST	E 500			
		A	ddress				
		BOCA RAT	ON, FL	33431			
		City/Sta	ate and	Zip code			
		alexand	der.rdcs	@gmail.com			
		E-mail address: (to be u	sed for	future annual report n	otification)		
For fu	ther information cor	cerning this matter, ple	ase call	:			
	Alexander Jarami	llo at (⁵⁶¹		945-5595			
	Name of Person	Area	Code	Daytime Telepl	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Engl	Tallahassee, FL 32	2303					
	ed is a check for the make check payable to	tollowing amount: : FLORIDA DEPARTM	ENT O	F STATE			
		3 \$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Certified Copy	□ \$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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"			
(If name unavails	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting business in Flor	ida)		
NEW YORK			99-1670917			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)			
4 08/24/2020		5.	PERPETUAL			
(Date of incorporation)			(Date of duration, if other than perpetual)			
6.						
	(SEE SECTIONS 607.1501 & 607	7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability) BOCA RATON, FL 33431			
7			ce street address)			
	(Current ma	iliı	ng address, if different)			
8. Name and street Name:	et address of Florida registered agent: (I	Р.(D. Box NOT acceptable)	- 1		
Office Address:	5550 GLADES RD STE 500					
	BOCA RATON		, Florida $\frac{33431}{\cdots}$ $\frac{33431}{\cdots}$	じ		
	(City)		(Zip code) $\frac{1}{\sqrt{2}}$			

9. 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								
Chairman	Alexander Jaramillo Name:	Chairman	Name:					
☐ Vice Chairman	Address: 5550 GLADES RD STE 500	□Vice Chairman	Address:	 				
Director	BOCA RATON, FL 33431	□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	<u>.</u>	□Other				
□ Chairman	Name:	□ Chairman	Name					
	Address:							
□ Director		Director	Address.					
□President		□President						
		□Vice President						
Secretary	□Treasurer	□Secretary		☐Treasurer				
□Other	□ Other	Other		□Other				
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department of the index when filing	nt of State Annual Re	port form.	urposes only. Non-indexed				
12	Signature of Director of	Comment and the	110					
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 o 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.								
13 Alexander Jaramillo PRESIDENT								
(Typed or printed name and capacity of person signing application)								

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J, RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: PINGPANDA CONSULTING BRAND INC.

DOS ID Number: 5819048

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/24/2020

Statement Status: CURRENT Statement Due Date: 08/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 01, 2024 at 04:35 P.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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