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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: SOULFFEE INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAYNA THOMAS

Name of Person

THE LAW OFFICE OF DAYNA THOMAS, LLC

Firm/Company

1391 SW SAINT LUCIE WEST BLVD, #352

Address

PORT SAINT LUCIE, FL 34986

City/State and Zip code

DAYNA@DAYNATHOMASLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

404 at (_____ DAYNA THOMAS) _____

Name of Person

Area Code

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 STATE

□ \$70.00 Filing Fee

\$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.

SOULFFEE IN	C.				
	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "C	OMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate na	ime adop	ted for the purpose of transacting bus	iness in Florida)	
2. CANADA		3			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applical	ole)	
4. FEBRUARY 2	7,2024	5.			
(Date of incorporation)			(Date of duration, if other than p	(Date of duration, if other than perpetual)	
6.					
	(Date first transacted busine		rida, if prior to registration) F.S., to determine penalty liability)		
1200 BRICKEL	(SEE SECTIONS 607.1301 & 60 L AVENUE, SUITE 1950 #1284, MIAMI,		• • •		
7			reet address)	<u></u>	
· · · · · · · · · · · · · · · · · · ·	(Current m	ailing ad	dress, if different)	24	
				ECRE SIDH EPR	
8. Name and stre	et address of Florida registered agent:	(P.O. Bo	ex <u>NOT</u> acceptable)		
Name:	LEGALINC CORPORATE SERVICE	S INC.			
Office Address:	476 RIVERSIDE AVE		-	STA STA	
	JACKSONVILLE		Florida 32202	10HS	
	(City)		(Zip code)		

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. ... further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutt 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 t the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictio, under the law of which it is incorporated.

A. DIRECTORS			
Chairman	ARKADI KRASNOPEVTZEV	Chairman	Katherine Merari Bernard Guerra
□Vice Chairman	Address:	□Vice Chairman	60 LAMBTON AVENUE
Director	THORNHILL, ONTARIO	Director	TORONTO, ONTARIO
President	L3T 3H3, CANADA	President	M6N 2S1, CANADA
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		Secretary	
00th er	Other	Other	Other
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President	<u></u>	President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	□Treasurer
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.

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 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. ARKADI KRASNOPEVTZEV

Innovation, Science and Economic Development Canada Coportion Canada Innovation, Sciences et Développement économique Canada Coronations Canada



