F24000003325

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF CORPORATIONS
ON THE STATE OF CORPORATIONS
24 APR 15 AH 8: 37

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: ViableView Inc.				
~~~		of corporation	- must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Stan	iding" and check are sub	ct Business in Florida," mitted to register the	
Please	return all correspondence concern	ning this matter	to the following:		
Tessa :	Schwarz				
		Name of	Person		
Capbas	se Agent & Document Services LLC				
-		Firm/Con	ipany		
1007.8	Forth Orange Street, Floor 4				
-		Addro	ess		
Wilmin	ngton, DE 19801				
		City/State a	nd Zip code		
filings	@capbase.com				
	E-mail addres	ss: (to be used f	or future annual report n	otification)	
For fur	ther information concerning this	natter, please c	all:		
Tessa S	Schwarz	at ( Area Code ) 407-0697  Area Code Daytime Telephone Number			
	Name of Person	Area Code	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		0	Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please t	ed is a check for the following am	EPARTMENT			
<b>→</b> \$/U	.00 Filing Fee S78.75 Filin Certificate	_	\$78.75 Filing Fee & Certified Copy	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.

ViableView Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	lable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting by	isiness in Florida)			
Delaware	3.					
(State or count) 01/02/2024	ry under the law of which it is incorporated)	(FEI number, if applies	ible)			
· <del></del>	e of incorporation)	5. (Date of duration, if other than perpetual)				
01/01/2024	01/01/2024					
22 Salamanca Av	e, Coral Gables, FL 33134	1502, F.S., to determine penalty liability)  fice street address)				
	(Current mail	ing address, if different)				
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. Veorp Agent Services, Inc.	O. Box NOT acceptable)	24 APR 15			
Office Address:	1200 South Pine Island Road		7			
	Plantation	Florida 33324	_{စု} ၁၅			
	(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. 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.

Anthony Palazzo, Assistant Secretary

(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	S						
□Chairman	Name: Ezra Forest Abraham Russell Sterlace-Accorsi	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	APT 301	□Director					
■President	Coral Gables, FL 33134	□President					
□Vice President		□Vice President					
■ Secretary	Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	Other				
□Chairman	Name:	□ Chairman	Name:				
	Address:	□ Vice Chairman	Address:				
Director		☐Director					
□President		□President					
□Vice President		□Vice President	<del></del>				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President	<del></del>	□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□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							

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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VIABLEVIEW 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 TWENTY-FIRST DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIABLEVIEW INC."

WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2024.



Authentication: 203086179

Date: 03-21-24