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	, CO	VER LE	TTER			
TO:	Registration Section Division of Corporations					
SUBJI	ECT: CALEY INSURANCE FRANCH					
Name of corporation - must include suffix						
Dear Si	r or Madam:					
"Certifi	closed "Application by Foreign Corpo cate of Existence," or "Certificate of C eferenced foreign corporation to trans.	Good Standi	ng" and check are submitted to r			
Please i	return all correspondence concerning t	his matter to	the following:			
ANIBA	L QUEVEDO					
		Name of Pe	rson			
QUEVE	EIX) LAW PLLC					
		Firm/Compa	nny			
850 NW	42ND AVENUE STE 203					
		Address	<u> </u>			
міамі	,FL 33126					
	Ci	ity/State and	Zip code			
AQ@QI	UEVEDOLAWFIRM.COM					
	E-mail address: (to	be used for	future annual report notification	n)		
For furt	ther information concerning this matte	r, please cal	l:			
ANIBA	L QUEVEIX) at (786	382-0415			
			Daytime Telephone Num	ber		
	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			
Please n	ed is a check for the following amount make check payable to: FLORIDA DEPA 00 Filing Fee S78.75 Filing Fe Certificate of St	RTMENT O	378.75 Filing Fee & Certified Copy Cert	50 Filing Fee. dificate of State dified 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.

(State or country under the law of which it is incorporated) (O4/13/2023 (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607, 1501 & 607, 1502, F.S., to determine penalty liability) (Principal office street address) SAME AS ABOVE (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: OUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI (City) (City) (City) (FEI number, if applicable) (FE	(If name unavai	·	e adopted for the purpose of transacting business i	in Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability) (Principal office street address) SAME AS ABOVE (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: OUEVEDO LAW PLLC S50 NW 42ND AVENUE. STE 203 MIAMI Florida Florida Florida Florida Florida Florida			3. <u>93-1852931</u>	
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: OUEVEDO LAW PLLC SEO NW 42ND AVENUE, STE 203 MIAMI Florida Florida STE 203 MIAMI Florida STE 203 Florida Florida Florida	•	•	•	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12260 SW 8TH ST Suite 122 Miami, FL 33184 (Principal office street address) SAME AS ABOVE (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI Florida 33126		: collineorporation)	5 (Date of duration, if other than perpetu	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12260 SW 8TH ST Suite 122 Miami, FL 33184 (Principal office street address) SAME AS ABOVE (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI Florida 33126		• • • • • • • • • • • • • • • • • • • •	,	,
(Principal office street address) SAME AS ABOVE (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI Florida 33126				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI Florida 33126	12260 SW 8TH	ST Suite 122 Miami, FL 33184		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: QUEVEDO LAW PLLC #50 NW 42ND AVENUE, STE 203 MIAMI Florida 33126	SAME AS ABO	•	flice <u>street</u> address)	
Name: QUEVEDO LAW PLLC #50 NW 42ND AVENUE, STE 203 MIAMI . Florida 33126		(Current mail	ling address, if different)	
Name: QUEVEDO LAW PLLC 22 STICLE Address: 850 NW 42ND AVENUE, STE 203 STICLE Address: MIAMI . Florida 33126 STICLE Address STE 203 STICLE Address STE 203 STICLE Address STE 203 STICLE ADDRESS STEEL				
Name:				
## ## ## ## ## ## ## ## ## ## ## ## ##	Name and stre	et address of Florida registered agent: (P	O. Box NOT acceptable)	
$\frac{\text{MIAMI}}{\text{(City)}} \cdot \text{Florida} \frac{33126}{\text{(Zip code)}} \begin{array}{c} \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2}$		···· ····· · · · · · · · · · · · · ·	O. Box NOT acceptable)	20 21
(City) (Zip code)	Name:	QUEVEDO LAW PLLC	O. Box NOT acceptable)	2024 HJ
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	Name:	QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203	22126	2024 HAY 1
Registered agent's acceptance:	Name:	QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI	. Florida 33126	2024 HAY 13 1
	Name: Tice Address:	QUEVEDO LAW PLLC 850 NW 42ND AVENUE, STE 203 MIAMI (City) ent's accentance:	. Florida 33126 (Zip code)	유 유
signated in this application, I hereby accept the appointment as registered agent and agree to act in this control of the agree to act in this control of the proper and complete performance of	Name: fice Address: Registered aguving been namsignated in this	QUEVEDO LAW PLIC 850 NW 42ND AVENUE, STE 203 MIAMI (City) ent's acceptance: ned as registered agent and to accept ser is application, I hereby accept the appoin	. Florida 33126 (Zip code) vice of process for the above stated corporation that the state is the state of t	A P

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	Name: HAROLD CADENA	□Chairman	Name: ANGEL	LEYVA					
□Vice Chairman	Address:	□Vice Chairman	Address:	SW 8TH ST					
□Director	Suite 122	□Director	Suite 122						
■ President	Miami FL, 33184	□President	Miami FL, 3318	84 					
□Vice President		■Vice President							
☐ Secretary	□Treasurer	□Secretary		□Treasurer					
□Other		□Other		Other					
☐Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman							
□Director		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		Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaded 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 Office									
·	Signature of Director or	Officer 8							
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 of 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.									
Angel Lewis	President								

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CALEY INSURANCE FRANCHISING LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALEY INSURANCE FRANCHISING LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2023.



Authentication: 203358901

Date: 04-29-24