F24000004434

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
ocitinos oopies	
Charial lastrusticas to	Filian Officer
Special Instructions to	Filing Officer;
<u> </u>	





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2024 SEP - 3 KHTD: 14

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2024 SEP -3 AMII: U6

K Brumbley



CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Acc#I20160000072

4:1 DW

09/03/2024

Date:

Name:	Tiny Mile US, Corp
Document #:	
Order #:	15846129
Certified Copy of Arts & Amend:	
Plain Copy:	
Certificate of Good Standing:	
Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:
Certification:	Number of Certs:
Filing:	Certified: ✓ Email Address for Annual Report Notificati
- (V)	Plain:
	cogs:
Availability	٦
Document	Amount: \$ 78.75
Examiner	
Updater	
Verifier	
W.P. Verifier Ref#	

Thank you!

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tiny Mile US, Corp.		
Name of corporation -	must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the	
Please return all correspondence concerning this matter t	o the following:	
Alice Cheung, Paralegal		
Name of P	erson	
Hodgson Russ LLP		
Firm/Comp	pany	
22 Adelaide Street West, Suite 2050		
Addres	os — — — — — — — — — — — — — — — — — — —	
Toronto, Ontario, M5H 4E3, Canada		
City/State an	d Zip code	
ignacio@tinymile.ai		
E-mail address: (to be used fo	or future annual report notification)	
For further information concerning this matter, please ca	H:	
Alice Cheung	995-2672	
Name of Person Area Code) 595-2672 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 \$\infty\$ \$70.00 Filing Fee \$\infty\$ \$78.75 Filing Fee & \$\infty\$ Certificate of Status	OF STATE \$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.

(If name unavaile	able in Florida, enter alternate corporate name ad	lonted for th	ne nurnose of transact	ing business in Florida)	
Dolaviana		8-2686308			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
March 11, 2022			·		
	of incorporation) 5	(Date of duration, if other than perpetual)			
November 13-2					
68 West Flagler S	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 Street, Miami, FL 33130	lorida, if p 2. F.S., to d	rior to registration) letermine penalty liab	ility)	
	Street, Miami, FL 33130 (Principal office	street add	ress)		
	•				
	(Current mailing	address, if	different)	2	
				, 120	
Name and street	et address of Florida registered agent: (P.O.	Box <u>NOT</u>	`acceptable)		
Name:	C T Corporation System			$\dot{\omega}$	
ffice Address:	1200 South Pine Island Road				
mee Address.	Plantation	— FL	33324	=	
	(City)	 ;	(Zip code)		
	(Cily)		()		
Registered ag	ent's acceptance: ned as registered agent and to accept service	o of proces	ex for the above stat	ed corporation at the t	
esignated in this	application, I hereby accept the appointme	ent as regis	stered agent and ag	gree to act in this capac	
irther agree to c	omply with the provisions of all statutes rel	lative to th	e proper and compl	lete performance of my	
	with and accept the obligations of my posi	uon as reg	gisterea agent.		
nd I am familiai					
nd I am familiai	C T Corporation System				

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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.

Docusign/Envelope4D: 9DF4FFCB-647A-4EC9-958D-91D32922FED2

A, DIRECTORS	Ionacio Tartavall			
□Chairman	Name: Ignacio Tartavull	□Chairman	Name:	. =
□Vice Chairman	Address: 2712-50 Charles St. E	☐ Vice Chairman	Address:	
■Director	Toronto, ON, Canada	□Director		
■President	M4Y 1T1	□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
□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: individuals may be	Use an attachment to report more than six (6). The cadded to the index when filing your Florida Depa	rtment of State Annual R	eport form.	
The officer or dire she is aware that fi s.817.155, F.S.	Signature of Director signing this document (and who is listed in a also information submitted in a document to the Do	mber 11 above) affirms th	iat the facts sta	ated herein are true and that h
13. Ignacio Tarta	avull, President (Typed or printed name and capacity of			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TINY MILE US, CORP." 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 THIRTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204286641

Date: 08-30-24

6670535 8300 SR# 20243568987