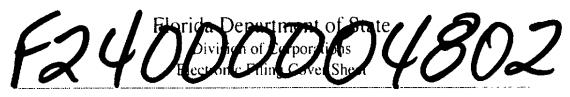
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Viva Create, Inc.

Certificate of Status	1
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Help

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.

(11 name unavan	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in F	lorida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated) 3.	(Flil number, if applicable)	
08/30/2024	5.	(Date of duration, if other than perpetual)	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
·			
	(Date first transacted business in	Florida, if prior to registration) i02, F.S., to determine penalty liability)	
8850 Emerson As	ve. Surfside, Florida 33020	02. P.S., to determine penalty flaority)	
·		ce street address)	
8850 Emerson A	ve, Surfside, Florida 33020	address)	
		g address, if different)	
	(5,41,411	<i>6</i>	207
Name and stree	et address of Florida registered agent: (P.O). Box NOT acceptable)	2024 SEP 1 1
	eResidentAgent, Inc.		E
Name:			****
	115 N Calhoun St Suite 4		P
ffice Address:		13101	_
ffice Address:	Tallahassee	, Florida	

(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	Name: Gisele C. Bundchen	DChairman	Name:
□Vice Chairman	Address: Surfside, FL 33020	Vice Chairman	Address:
Director		□ Director	
■President		□President _	
□Vice President		□ Vice President	
Secretary Trea	ssurer		☐ Treasurer
Other	Other		□Other
□ Chairman	Name:	DChairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		CIDirector	
☐ President		President	
□Vice President		□ Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
ElOther	Other	Other	□Other
□ Chairman	Name:	OChairman N	√ame:
☐ Vice Chairman	Address:	Uice Chairman	Address:
□Director		Director	
President		President _	
□Vice President		Vice President	
☐ Secretary	□ Treasurer	☐ Secretary	☐Treasurer
Other	Other	Other	□Other

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 we 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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "VIVA CREATE, 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 THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIVA CREATE,

INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2024.

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

Authentication: 204291240

Date: 09-03-24