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COVER LETTER

-	stration Section tion of Corporations			
SUBJECT:	JUDINI INC			
SOBILCT.		e of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign of Existence," or "Certificanced foreign corporation to	te of Good Stand	ing" and check are subn	
Please return	all correspondence concer	ning this matter t	o the following:	
Derek Morgar	1			
		Name of P	erson	
Mowery & Sc	hoenfeld, LLC			
_	-	Firm/Comp		
475 Half Day	Road, Suite 500			
		Addres	SS	
Lincolnshire,	IL 60069			
		City/State an	d Zip code	
alvaro@judini	i.ai			
	E-mail addre	ss: (to be used fo	r future annual report no	otification)
For further in	formation concerning this	matter, please ca	ll:	
Derek Morgar	1	224 at (278-1812	
Nam	e of Person	Area Code	Daytime Teleph	one 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	
	check for the following an neck payable to: FLORIDA ing Fee	DEPARTMENT of the state of the	OF STATE \$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.

	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	COMPANT. CORPORATI	1074,		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transac	cting business in Florida)		
DELAWARE		92-3050817			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
03/20/2023	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
09/01/2024					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		bility)		
1000 BRICKELI	. AVE STE 480, MIAMI, FL, 33131				
<u>.</u>	(Principal offic	e <u>street</u> address)			
	(Current mailing	address, if different)			
	(Current mailing	address, if different)			
Name and stree	(Current mailing et address of Florida registered agent: (P.O.				
			455		
Name:	et address of Florida registered agent: (P.O.		(C)		
Name:	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480	Box NOT acceptable)	2024 OC		
Name:	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480 MIAMI	Box <u>NOT</u> acceptable)	2024 OCT -		
Name:	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480	Box NOT acceptable)	5 2		
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480 MIAMI (City) ent's acceptance:	Box NOT acceptable) Florida 33131 (Zip code)	2 511		
Name: Tice Address: Registered agaving been nan	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480 MIAMI (City) ent's acceptance: ned as registered agent and to accept service.	Box NOT acceptable) Florida 33131 (Zip code) e of process for the above sta	ated corporation at the p		
Name: ffice Address: Registered ag aving been nan esignated in this erther agree to c	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480 MIAMI (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re	Box NOT acceptable) Florida 33131 (Zip code) e of process for the above statement as registered agent and a lative to the proper and comp	ated corporation; at the page to act in this capac		
Name: ffice Address: Registered ag aving been nan esignated in this arther agree to c	et address of Florida registered agent: (P.O. ALVARO CHAVEZ 1000 BRICKELL AVE STE 480 MIAMI (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm	Box NOT acceptable) Florida 33131 (Zip code) e of process for the above statement as registered agent and a lative to the proper and comp	ated corporation; at the page to act in this capac		
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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.

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

A. DIRECTORS	ALMANO CHAMEZ							
□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address: 1000 BRICKELL AVE STE 480	□Vice Chairman	Address:	<u> </u>				
□Director	MIAMI, FL. 33131	□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	<u></u>	□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 imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florita 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 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.

13. Alvaro Chavez Campusano - Board member



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

DELAWARE, DO HEREBY CERTIFY "JUDINI 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 TENTH DAY OF SEPTEMBER, 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 SAID "JUDINI INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2023.

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

Authentication: 204351137

Jeffrey W. Bullock, Secretary of State

Date: 09-10-24