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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DENALI FZCO CORP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDRIS KIBILDS

Name of Person

Firm/Company

3800 S OCEAN DR STE 216

Address

HOLLYWOOD, FL 33019

City/State and Zip code

INFO@CORONATAXUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRIS KIBILDS

at (954) 646-2777

Name of Person

Area Code

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 OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. DENALI CORP - FZCO
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- DENALI FZCO CORP
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. UNITED ARAB EMIRATES 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/22/22 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11955 SW 16th CT, DAVIE, FL 33325
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

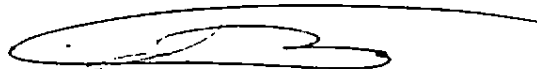
Name: STANISLAV PLOSHCHENKO

Office Address: 11955 SW 16th CT

DAVIE, Florida 33325
(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.



(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.

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

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A. DIRECTORS

☐ Chairman Name: ANDRIS KIBILDS
☐ Vice Chairman Address: 11955 SW 16th CT
☐ Director DAVIE, FL 33325
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: STANISLAV PLOSHCHENKO
☐ Vice Chairman Address: 11955 SW 16th CT
☐ Director DAVIE, FL 33325
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. 
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. Stanislaw Ploshchenko
(Typed or printed name and capacity of person signing application)



LETTER OF GOOD STANDING

20 Jun 2024

IFZA Dubai confirms that as at the date of this Certificate, the below mentioned company is registered with IFZA Dubai and is in good standing.

Company Name: DENALI CORP - FZCO
License Number: 23258

Manager: Andris Kibilds

Director(s): Andris Kibilds

Shareholder(s): Andris Kibilds

Number of Shares: 50

Business Activities: Non-Manufactured Precious Metal Trading
Grains, Cereals & Legumes Trading
Sugar Trading
Jewellery Trading
Pearls & Precious Stones Trading
Rubber Trading
Mobile Phones & Accessories Trading

Registered Address: DSO-IFZA, Dubai Digital Park – Building A1, Dubai Silicon Oasis

This Certificate is issued at the Company's request and IFZA Dubai has no legal or financial responsibility with respect to any use of this Certificate.

Kind regards,

For and on behalf of
IFZA Dubai





**This is an electronic document and does not require any signatures or stamp.*