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PICK-UP WAIT MAIL					
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COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Qriar Home Inc			
		Name	of corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	ficate of	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stand	ling" and check are sub	
Please	return a	all correspondence concern	ning this matter	to the following:	
Victori	a Morae	s			
			Name of P	erson	
Asselfi	s Interna	itional LLC			
			Firm/Comp	pany	- 1 · ·
7550 F	UTURE	S DR, SUITE 202			
		-	Addres	is s	
ORLA	NDO, FI	CORIDA, 32819			
			City/State and	d Zip code	
Contact	@asself	îs.com			
		E-mail addres	s: (to be used fo	r future annual report	notification)
For fur	ther inf	ormation concerning this r	natter, please ca	II:	
Victoria	Moraes	5	at (826-1034	
	Name	of Person	Area Code	Daytime Telep	hone 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	
		heck for the following am		OF STATE	
	00 Filir		ig Fec & 🔲 🗆	\$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.

Qriar Home Inc	e e		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ν,"
Qriar Home Ho	oldings Inc		
(If name unavai	lable in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)
Wyoming	3. 3.	3-1733194	
	ry under the law of which it is incorporated)	(FEI number, if ap	plicable)
10/21/2024	5. N	//A	
(Date	e of incorporation)	(Date of duration, if other t	than perpetual)
Business not ye	t transacted in Florida		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liabili	
28 Star Island Dr	ive		
	(Principal office	street address)	
Miami Beach, Fl	L 33139		
	(Current mailing	address, if different)	
Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Asselfis International LLC	<u> </u>	
fice Address:	7550 FUTURES DR, SUITE 202		
	ORLANDO	, Florida 32819	
	(City)	(Zip code)	E. BEC
Registered age	ent's acceptance:		
iving been nam	ed as registered agent and to accept service	of process for the above stated	corporation at the place
signatea in inis	application, I nereby accept the appointmen	it as registered agent and agre	e to act in this conacity.
iner agree io c d I am familiar	omply with the provisions of all statutes rela with and accept the obligations of my positi	tive to the proper and complete on as registered agent.	e performance afiny du
	The accept the congunous of my position	on as registered agent.	To 15
_	(Registered agent's signa	iture)	_
_	(Registered agent's signa	iture)	

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: Luis Felipe Neiva Silveira	□Chairman	Name: Pedro Paulo Lemos De Castro
□Vice Chairman	Address:	_ Vice Chairman	Address:
Director	Ste 601	_ Director	Ste 601
□President	Miami Beach, FL	_ □President	Miami Beach, FL
□Vice President	33139	_ □Vice President	33139
□ 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
□Chairman	Name:	[]Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director .		□Director	
□President .		□President	<u> </u>
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	☐ Treasurer
Other	Other	□Other	Other
Important Notice: U individuals may be a	se an attachment to report more than six (6). To dided to the index when filing your Florida De	partment of State Annual Rep	for reporting purposes only. Non-indexed ort form.
/ 7	Signature of Dire	ector or Officer	
she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in rate information submitted in a document to the I	number 11 above) affirms that Department of State constitute	the facts stated herein are true and that he or s a third degree felony as provided for in
13. Luis Felipe Ne	/T-maili-rail		· · · · · · · · · · · · · · · · · · ·

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

Qriar Home Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on October 21, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001541545.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of October, 2024 at 2:19 PM. This certificate is assigned ID Number 077708529.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.