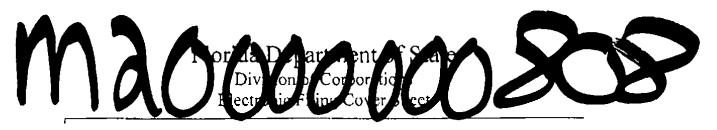
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000022789 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : T20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

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

	Foreign Limited Liab FORTUNIZE	JAN 21 A	
- .	Certificate of Status	0	
	Certified Copy	0	- E
	Page Count	02	
	Estimated Charge	\$125.00	ገ ፤

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 605 0002, FLORIDM STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGO LIMITED LIARILITY CONSTANTOTRANSICS BUSINESS INTHE STATE OF FLORIDM:

1. FORTUNIZE LLC

(Name of Foreign Limited Liability Company; must unclude "Limited Liability Company," "LLC," or "

Registered agent's acceptance:

Office Address:

NAPLES

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 om familiar with and accept the obligations of my position as registered agent.

(Registered again's signature)

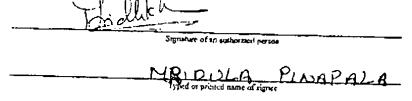
300 FIFTH AVENUE SOUTH, STE 101-330

3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity	Name and Address:	Title or Canacity:	Name and Address:
□ Monager	Name: MRIDULA PLNAPALA	☐ Manager	Name: Arou PinaPALA
Member	Address: DOONE 16 3RD SI	OMember	Address: 2020 BJE 163RD St
☐ Authorized	SUITE 300, NORTH	☐ Authorized	SOLTE ZOD, NORTH MIAM
Person	MIAMI BEACH, FLOIRIDA -3	ZIB2-Person	BEACH, PLORIDA - 37162
□Other	Other	Other	
□Manager	Name:	□Манидег	N
□ Member	Address:	Member	Name:
☐ Authorized		□Authorized	
Person			
□Other	· -	Other	□Other
□Manager	Namo:	☐ Manager :	Nome.
_	Address:	_	Name:
□ Authorizzd		□Authorized	Address:
Person		Person	
Other		Other	Other
Important Notice: Use	an attachment to report more than six (6). The a		

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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 "FORTUNIZE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORTUNIZE LLC"

WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2019.

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

Authentication: 202223862

Date: 01-21-20