F22000007669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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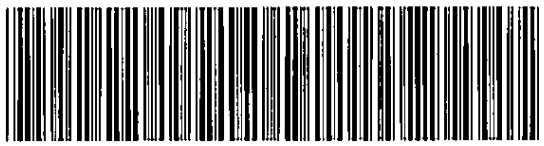

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAMA TECHNOLOGIES INC
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:

SHULL COHEN
Name of Person

MAMA TECHNOLOGIES INC
Firm/Company

8200 NW SOUTH RIVER DR, SUITE 12L
Address

MIAMI, FL 33166
City/State and Zip code

info@mamafoods.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA ROSALEZ at (647) 286 0129
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**

- [x] $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. MAMA TECHNOLOGIES INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

MAMA TECHNOLOGIES
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. 87-2445099
(FEI number, if applicable)

4. 9/23/2021
(Date of incorporation)

5. _____
(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. 8600 NW SOUTH RIVER DR, Suite 122, MEDLEY, FL, 33166
(Principal office street address)

_____
(Current mailing address, if different)

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

Name: SAM COHEN

Office Address: 8600 NW SOUTH RIVER DR, Suite 122

MEDLEY, Florida 33166
(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.

X _____
(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]:

A. DIRECTORS

☐Chairman	Name: JOSE R SOLL	☐Chairman	Name:
☐Vice Chairman	Address 8600 NW S RIVER	☐Vice Chairman	Address:
☐Director	DR. SUITE 122 MEDLEY	☐Director	
☒President	FL, 33166	☐President	
☐Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer
☐Other	☐Other	☐Other	☐Other

☐Chairman	Name SAM SOLL	☐Chairman	Name:
☐Vice Chairman	Address 8600 NW S RIVER	☐Vice Chairman	Address:
☐Director	DR. SUITE 122	☐Director	
☐President	MEDLEY, FL, 33166	☐President	
☐Vice President		☐Vice President	
☒Secretary	☒Treasurer	☐Secretary	☐Treasurer
☒Other CEO	☐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 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. _____
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAMA TECHNOLOGIES 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 FOURTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAMA TECHNOLOGIES INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

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

6185382 8300

SR# 20223705977

Authentication: 204784415

Date: 11-04-22