

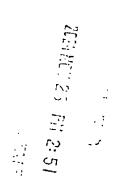
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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	FCT: VIP STAFF INC				
3013	Name o	f corporation	- must	include suffix	
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to tra	of Good Stan	ding" រ	ınd check are subn	: Business in Florida." nitted to register the
Please	return all correspondence concernir	ng this matter	to the	following:	
YOEL	SY MOLINA BREGIO				_
		Name of	Person		
VIP ST	TAFF INC				
		Firm/Com	pany	,	
10294	NW 9 STREET CIR UNIT 202				
		Addro	ess		
MIAM	II, FL 33172				
		City/State a	nd Zip	code	
DVAL	varez.associatesmobile@GN	fAIL.COM			
	E-mail address	: (to be used f	for futu	re annual report no	otification)
For fu	rther information concerning this m	atter, please c	all:		
YOEL	SY MOLINA BREGIO	at (409	P-0995	
	Name of Person	Area Cod	e -	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 AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Please	sed is a check for the following amomake check payable to: FLORIDA DI 0.00 Filing Fee S78.75 Filin Certificate of	EPARTMENT g Fee & - [378.	FATE 75 Filing Fee & itied Copy	☐ S87.50 Filing Fee, Certificate of Status & Certified Copy

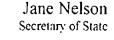
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavaila	ble in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
TEXAS		3-2227783	
(State or countr	y under the law of which it is incorporated) 3	3-2227783 (FEI number, if app	licable)
06/27/2023			
(Date	of incorporation)	(Date of duration, if other th	ian perpetual)
·			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability	y)
5900 BALCONE	S DRIVE STE 100, AUSTIN, TX 78731, US		
·	(Principal office	e street address)	
Name and stree	•	address, if different) Box NOT acceptable)	
Name:	(Current mailing et address of Florida registered agent: (P.O. DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202		2621467.2
Name:	t address of Florida registered agent: (P.O. DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202	Box <u>NQT</u> acceptable)	2621467.25
Name:	t address of Florida registered agent: (P.O. DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202		262\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name: office Address:	DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City)	Box <u>NOT</u> acceptable) , Florida 33172	272/1697 25 PH 2: 5
Name: office Address: Registered ag.	DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City)	Box NOT acceptable) , Florida 33172 (Zip code)	corporation at the plan
Name: ffice Address: Registered agive agive names agignated in this	t address of Florida registered agent: (P.O. DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 33172, Florida (Zip code) e of process for the above stated ent as registered agent and agree	corporation at the place to act in this capacity
Name: ffice Address: Registered agiverness agiverness agiverness agiverness agreement agree to contact agre	DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes reserved.	Box NOT acceptable) , Florida 33172, Florida Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation at the place to act in this capacity
Name: office Address: Registered against been namesignated in this arther agree to contact.	t address of Florida registered agent: (P.O. DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 33172, Florida Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation at the place to act in this capacity
Name: ffice Address: Registered aglaving been namesignated in this arther agree to c	DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes reserved.	Box NOT acceptable) , Florida 33172, Florida Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation at the place to act in this capacity
Name: Office Address: Office A	DV ALVAREZ & ASSOCIATES LLC 10294 NW 9 STREET CIR UNIT 202 MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes reserved.	Box NOT acceptable) , Florida 33172, Florida Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation at the pla e to act in this capacit

under the law of which it is incorporated.

Chairman Name:	A. DIRECTORS				
Director MIAMI, FL 33147 Director Dother Do	□Chairman	YOELSY MOLINA BREGIO Name:	□Chairman	Name:	
Director	□Vice Chairman	Address: 2780 NW 97 STREET	□Vice Chairman	Address:	
Vice President	■Director		□Director		
Geretary	□President		□President		
Other	□Vice President		□Vice President		
Chairman Name:	□Secretary	□Treasurer	□Secretary		□Treasurer
Vice Chairman Address: Vice Chairman Address:	Other	Other	□Other	_ 	□Other
Director	□ Chairman	Name:	□Chairman	Name:	
□ President □ Vice President □ Secretary □ Treasurer □ Other	□Vice Chairman	Address:	□Vice Chairman	Address:	
	□Director		□Director		
Secretary	□President		□President		· · · · · · · · · · · · · · · · · · ·
Other	□Vice President		□Vice President		
Chairman Name: Chairman Name: Vice Chairman Address: Vice Chairman Address: Director Director President President Vice President Vice President Other Signature of Director or Officer Signatu	Secretary	Treasurer	Secretary		□Treasurer
	□Other	Other	Other		Other
Director President President Vice President Secretary Treasurer Secretary Treasurer 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 indexity plan filing your Florida Department of State Annual Report form. Signature of Director or Officer	□Chairman	Name:	□ Chairman	Name:	
□ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Other □	□Vice Chairman	Address:	□Vice Chairman	Address:	
□Vice President □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	□Director		☐ Director		
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □ Other □	□President		□President		
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. Signature of Director or Officer	□Vice President		□Vice President		
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 indexity iten filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer	Secretary	□Treasurer	□Secretary		□Treasurer
individuals may be added to the indext then filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer	□Other	Other	Other		□Other
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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in	12The officer or direction is aware that fa	s added to the index when filing your Florida Department Signature of Director or ctor signing this document (and who is listed in number	of State Annual Re Officer	eport form.	herein are true and that he or
s.817.155, F.S. YOELSY MOLINA BREGIO, DIRECTOR	YOFI SY MO	OLINA BREGIO, DIRECTOR			





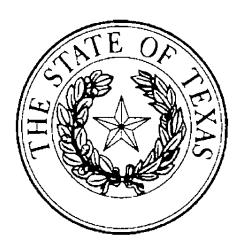
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VIP Staff Inc (file number 805119990), a Domestic For-Profit Corporation, was filed in this office on June 27, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 19, 2024.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1425778350003