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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Disto, Inc	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standardove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Dahlia Radif Name of	Dorcon
Disto, Inc	reison
Firm/Com	pany
3635 NE 1st Ave. Apt 802	Paris.
Addre	ess
Miami/ Florida 33137	
City/State at	nd Zip code
dahliaradif@gmail.com	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
Dahlia Radif 831	4007982
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 \$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & Certificate of Status}\$	OF STATE 3 \$78.75 Filing Fee & \$87.50 Filing Fee. Certified Copy 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.

	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	ousiness in Florida)
Delaware 2.	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
4. 03/13/2023	5.		
(Date	of incorporation) 5	(Date of duration, if other tha	n perpetual)
6			
	(Date first transacted business in F	Torida, if prior to registration)	
2625 NIL Lut Av.,	(SEE SECTIONS 607.1501 & 607.1502	2, r.S., to determine penalty hability)	
7	. Miami, Florida, 33137		
	(Principal office	street address)	-
			MECANICANI
	(Current mailing a	address. if different)	国 一
		D MOT . II.)	
D NI 1 .	. 11 600 11 1. 1 . (0.0)	BOX NUT accentante)	J. E. 1
3. Name and <u>stree</u>	et address of Florida registered agent: (P.O. l	ison <u>insti</u> nceepinose,	9
 Name and <u>stree</u> Name: 	et address of Florida registered agent: (P.O. Dahlia Radif		C 16 PH 5
Name:			FILEUM ST. 16
	Dahlia Radif 3635 NE 1st Ave, Apt 802	Florida	Strift Libit

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.

(Registered agent's signature)

A. DIRECTORS Name: Dahlia Radif Name: □Chairman □ Chairman 3635 NE 1st Ave, Apt 802 ☐ Vice Chairman Address: □ Vice Chairman Address: Miami Director □Director Florida □President □ President 33137 ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □ Other _____ □Other _____ Name: ____ □ Chairman □ Chairman Name: _____ □ Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director President □President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other Name: Name: □ Chairman □ Chairman □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.

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.

Signature of Director or Officer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DISTO, 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 SEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISTO, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2023.

FILEU ST. 16



Authentication: 204823454

Date: 11-07-24