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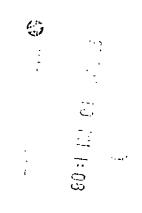
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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T. LEMMEUX

JAN 2 9 2020



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Grasply, Inc.				
Name o	of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standi	ng" and check are subi		
Please return all correspondence concerni	ng this matter to	the following:		
Edmundo Barrientos				
	Name of Po	rson		
BARPA USA LLC				
	Firm/Comp	any		
330 Racquet Club Rd Apt #204				
	Addres	8		
Weston, FL 33326				
	City/State and	Zip code		
edmundo@harpa.co				
E-mail address	i: (to be used fo	r future annual report n	otification)	
For further information concerning this m	atter, please cal	1:		
Edmundo Barrientos	786 at (7068134		
Name of Person	Area Code) Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	
Enclosed is a check for the following amore Please make check payable to: FLORIDA D \$70.00 Filing Fee	EPARTMENT (g Fee & □	OF STATE \$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.

Grasply, Inc.					
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION	ON,"		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transac	ting business	in Florida)	
Delaware 2.	3	38-4122297			
(State or countr	y under the law of which it is incorporated)	(FEI number, if	(FEI number, if applicable)		
4, 10-01-2024	5				
(Date of incorporation)		(Date of duration, if other than perpetual)			
6					
7. <u>2031 SW 70th Av</u>	(SEE SECTIONS 607.1501 & 607. re. Ste C-21, Fort Laurderdale, FL 33317	in Florida, if prior to registration) 1502, F.S., to determine penalty liab Tice street address)	ility)		
	(Current mail	ing address, if different)	6)	.:	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. Edmundo Barrientos	O. Box <u>NOT</u> acceptable)		: ::	
Office Address:	330 Racquet Club Rd Apt #204			, 	
	Weston	, Florida ³³³²⁶	•	1:0	
	(City)	(Zip code)		ගි	

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.



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. DJRECTQRS						
Chairman	Name: Edmundo Barrientos	□Chairman	Name:			
□Vice Chairman	Address: 2031 SW 70th Ave Ste C-21	□Vice Chairman	Address:			
□Director	Fort Lauderdale, FL 33317	□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				
□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				
□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. Colmunals Barrier 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.						



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

DELAWARE, DO HEREBY CERTIFY "GRASPLY, 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 SECOND DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRASPLY, INC."

WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2024.

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

ANYS OF THE PARTY OF THE PARTY

Authentication: 204995818

Date: 12-02-24