F25000000849

(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:						
W25000011717						

Office Use Only



100442735961

01/15/25--01025--001 **70.00

02/13/25--01014--001 **17.50

10:5:17 9-833 A

January 30, 2025

WERNER CARDENAS 16211 PEBBLE BLUFF LOOP WINTER GARDEN, FL 34787-4915 US

SUBJECT: EXCHANGE INVESTMENTS INC

Ref. Number: W25000011777

We have received your document for EXCHANGE INVESTMENTS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

RECEIVED

FEB 0 6 2025

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 225A00001990

COVER LETTER

TO:	Registration Division of (
SUB.	JECT:	Exchange Inve	estments Inc	
		Name of corpora	tion - must include suffix	
Dear	Sir or Madam:			
"Cert	ificate of Existe	cation by Foreign Corporation ence," or "Certificate of Good S eign corporation to transact bu	Standing" and check are subn	
Please	e return all corr	espondence concerning this ma	atter to the following:	
		Werne	r Cardenas	
			of Person	
		Exchange Inve	estments Inc	
			Company	
		16211 PEBB	LE BLUFF Loop	
			ddress	
		WINTER GA	ARDEN, FL 34787-49	915
			te and Zip code	
		wernerzom	bie@icloud.com	
		E-mail address: (to be us	ed for future annual report no	otification)
For fi	ırther informati	on concerning this matter, plea	se call:	
	Werner Ca	ardenas at (<u>34</u>	7) 677-8538	
	Name of Per			one Number
	Registration Division of C The Centre of 2415 N. Mor	Corporations of Tallahassee nroe Street, Suite 810	MAILING AL Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	Tallahassee.	FL 32303		
		for the following amount: able to: FLORIDA DEPARTME	ENT OF STATE	
	0.00 Filing Fee		S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status Certified Copy
>	⋌ \$17.50 c	ertificate of status & co	ertified copy	Conned Copy

Filling Fee already paid , but it was rejected doc number W25000011777

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.

(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPOR rp," "Inc," "Co," or "Corp.")	RATED." "C	COMPANY," "CORPORATION,"			
Exchan	ge Investments Florida I	nc	pted for the purpose of transacting bus	Leave to 121 miletox		
	•					
2. Wyomi	ng	3	99-4443172 (FEI number, if applicab			
4. <u>Ju</u>	ine 12 <u>, 2024</u>	5	(Date of duration, if other than p			
(Date	of incorporation)		(Date of duration, if other than p	erpetual)		
6	01/0 <u>3/2024</u>					
	(Date first transacted by	isiness in Flo	orida, if prior to registration) F.S., to determine penalty liability)			
7.	16211 Pebble Bluff Lo	oop, Wir	iter Garden, FL 34787			
(Principal office street address)						
	(Curre	nt mailing a	ldress, if different)			
8. Name and street	<u>t address</u> of Florida registered age	nt: (P.O. B	ox <u>NOT</u> acceptable)	787.		
Name:	Werner Cardenas		_	SAS EEB :		
Office Address:	16211 Pebble Bluff Lo	goo		<u>, </u>		
		•	0.4707	===		
	Winter Garden (City)		Florida 34/8/	<u></u>		
	(Cuh)		(Zip code)	5: 07		
designated in this	ed as registered agent and to acce application, I hereby accept the a	- ppointmen	of process for the above stated corp t as registered agent and agree to c	poration at the place act in this capacity. I		
	omply with the provisions of all stowith and accept the obligations of		ive to the proper and complete per on as registered agent.	formance of my duties		
_	(Registe ed a	earl				
	ν	iĝe firos zifana	uic j			
Attached is a c	ertificate of existence duly authen	iticated, no	more than 90 days prior to deliver	y of this application to		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: Werner Cardenas □ Chairman □ Chairman Name: ______ Address 16211 Pebble Bluff Loop ☐ Vice Chairman Address: _____ Winter Garden, FL 34787 Director ★Director XPresident □ President □ Vice President □Vice President **X**Treasurer □ Secretary ☐ Treasurer **X**Secretary __Other _____ □Other _____ □Other _____ □Other _____ Name: ____ □ Chairman □Chairman Name: Address: □Vice Chairman Address: _____ □Vice Chairman □ Director □ Director □President □ President ☐Vice President □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other_____ □Other _____ Other _____ □Chairman Name: _____ ∐ Chairman Name: _____ ☐ Vice Chairman □Vice Chairman Address: _____ 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. 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. Werner Cardenas

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Exchange Investments Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **June 12**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001473170**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of January, 2025 at 1:13 PM. This certificate is assigned ID Number 079545727.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.