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(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(Ĉit	y/State/Zip/Phone	e #)		
☐ PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Network	Messenger, Inc.		
	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Exister	ation by Foreign Corporation (ace," or "Certificate of Good S ign corporation to transact bus	tanding" and check are submi	Business in Florida," tted to register the
Please return all corre	spondence concerning this ma	tter to the following:	
Alvaro Beeck			
	Name	of Person	1.0
Network Messenger, Inc	> .		
	Firm/C	Company	
390 NE 191st St #8573			
	Ac	ddress	
Miami, FL 33179			
	City/Stat	te and Zip code	
compliance@networkm	<u>-</u>		
	E-mail address: (to be us	ed for future annual report not	ufication)
For further information	on concerning this matter, plea	se call:	
Alvaro Beeck	305	790-0713	
Name of Per	son Area (Code Daytime Telepho	ne Number
Registration S Division of C The Centre o	Corporations f Tallahassee roe Street, Suite 810	MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for Please make check pays. ☐ \$70.00 Filing Fee	or the following amount: able to: FLORIDA DEPARTMI \$78.75 Filing Fee & Certificate of Status	ENT 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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ess in Florida)
aware	3. 61-2024958		
ate or countr	y under the law of which it is incorporated)	(FEI number, if applicable	c)
10/2022	-		
(Date	e of incorporation)	(Date of duration, if other than pe	rpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
NE 191st St	#8573, Miami, FL 33179		
		ce street address)	
	(Current mailin	g address, if different)	
ne and stre	et address of Florida registered agent: (P.O	. Box NO1 acceptable)	FE
Name:	Registered Agents Inc		ı
Address:	7901 4th St N STE 300		رن
	St. Petersburg	33702	: <u></u>
	(City)	, Florida 33702 (Zip code)	61:49
	` • • • • • • • • • • • • • • • • • • •		9
vistered av	ent's acceptance: ned as registered agent and to accept servi	ce of process for the above stated corp	oration at the
	ten do regioneren agein aire in eccopi co	y and the second	et in this cana
g been nan ated in this	s application, I hereby accept the appointne comply with the provisions of all statutes re	ient as registerea agent ana agree to a	ici in inis cupa

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:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	PMB 41729	□Director	
President	Miami, FL 33179	□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	□Treasurer
Other CEO	Other	Other	□ Other
□Chairman □Vice Chairman	Name:	□ Chairman □ Vice Chairman	Name:
Director	Brooklyn, NY 11249	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
The officer or dire she is aware that f s.817.155, F.S.	Signature of Director of Signature of Signature of Signature of Director of Signature of Signatur	or Officer r 11 above) affirms t	that the facts stated herein are true and that he or
13. Taram baggi			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NETWORK MESSENGER, 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 TWENTY-SIXTH DAY OF DECEMBER, A.D.

2024.



Authentication: 205226257

Date: 12-26-24