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(R	Requestor's Name)	
(A	Address)	
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(Č	City/State/Zip/Phone #	1
PICK-UP	WAIT	MAIL
(E	Business Entity Name	
([Document Number)	
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Special Instructions to F	Silva Officer	
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/21/2022

NAME: MILA & ME INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q-Hooge

COVER LETTER

	egistration Section vision of Corporations			
SUBJEC	T: Mila & Me Inc.			
OCDOLC	Name of corp	oration - mu	st include suffix	
Dear Sir o	r Madam:			
"Certificat	sed "Application by Foreign Corporat e of Existence," or "Certificate of Go- renced foreign corporation to transact	od Standing"	and check are sub-	
Please reti	ırn all correspondence concerning this	s matter to th	e following:	
Oscar Ram	os			
	N	ame of Perso	n	
Mila & Me	Inc.			
	Fir	m/Company		
11015 Para	umount Blvd STE 7			
		Address		
Downey, C	A 90241			
	City	/State and Zi	p code	
oscar@soc	ietylending.com			
	E-mail address: (to be	e used for fu	ure annual report n	otification)
For furthe	r information concerning this matter, p	please call:		
Oscar Ram	os at (52 7	747687	
N		rea Code	Daytime Teleph	none Number
Re D T1 24	rregistration Section vision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 nllahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please mak	s a check for the following amount: e check payable to: FLORIDA DEPART Filing Fee	& 🗆 \$78	TATE .75 Filing Fee & tified 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.

(If name unavails	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	ng business in Florida)	-	
CA	86-3998585				
(State or countr	y under the law of which it is incorporated)	(FEI number, if ag	oplicable)		
05/15/2021	5				
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)	•	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liabil	ity)		
11015 Paramount	Blvd STE 7			_	
		e street address)			
Downey, CA 902					
	(Current mailing	address, if different)	20		
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2022 NOV 2		
Name:	Paracorp Incorporated		2	=======================================	
ffice Address:	155 Office Plaza Drive, 1st Floor		22	8	
	Tallahassee	, Florida	::::: ∞		
	(City)	(Zip code)	œ		
aving been nam signated in this orther agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agr lative to the proper and comple	ee to act in this capac	city.	
	SEE ATTACHED				

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

^{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: Oscar Ramos	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	11015 Paramount Blvd STE 7	□Director						
President	Downey, CA 90241	□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 attace added to the index when filing your Florida Department	chment will be image nt of State Annual Re	ed for reporting purposes only. Non-indexed eport form.					
12	Signature of Director of							
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. Oscar Ramos - President								
13.	/T	::						

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/21/2022

ENTITY NAME: Mila & Me Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

MILA & ME INC.

Entity No.:

4739240

Registration Date:

05/15/2021

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 21, 2022.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 061322521