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03 JUL 28 AM 8: 00 SECRETARY OF STATE TALLAMACUES, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALMONEDA ENTERPRISES, INC.		
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
JOSE E. MESA		
(Name of Person)		
ALMONEDA ENTERPRISES, INC.		
(Firm/Company)		
5091 SATURN RING CT.		
(Address)		
GREENACRES, FL 33463		
(City/State and Zip code)		
(City/State and Zip code) FLOT RECORD TO THE STATE OF TH		
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee \$\ \mathbb{Z}\$ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy 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.

I. ALMONEDA ENTERPRISES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. LOUISIANA 3. 72-1439437
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 04, 1999 5. MARCH 04, 2019 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPDN QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
1 11931 JUSTICE AVE, SUITE B, BATON ROUGE, LA 70
(Principal office address)
11931 JUSTICE LUE, SUITE B, BATON ROUGE, LA. 708
(Current mailing address)
REAL ESTATE INVESTMENTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
المستريخ المتحارث الم
THE OF THE PROPERTY OF THE PRO
Office Address: 5091 SATURN RING CT.
Office Address: 5091 SATURN RING CT. GREENACRES, Florida 33463 DET COMMON (Zin code)
GREENACRES, Florida 33463 ST O
0. 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.

(Registered agent's signature)

II. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTO	ORS .
Chairman:	JUAN M. MESA
	5093 SATURA RING. CT.
	GREEN ACRES, FL 33463
Vice Chairman:	JOSE E. MESA
	5091 SATURN RING CT.
	GREENACRES, FL 33463
Director:	
······································	
Director:	
B. OFFICERS	<u> </u>
	JUAN M. MESA
	5093 SATURN RING CT.
	L'os ₹ U
	JOJE E. MESA
7	5091 SATURN RING CT
Address:	OREENACRES AL 33463
_	
Address:	
NOTE: If nece	you may attach in addendum to the application listing additional officers and/or directors.
13.	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	JUAN M. MESA (PRESIDENT)
	(Typed or printed name and capacity of person signing application)



As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

ALMONEDA ENTERPRISES INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on March 04, 1999,

I further certify that no Certificate of Dissolution been issued.

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In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 18, 2003

ABA 34751671D

Secretary of State

