

FILE 000000 4812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

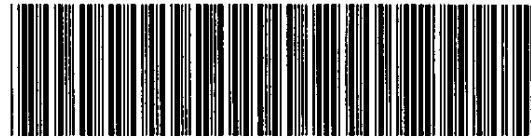
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~FILE 000000~~

Office Use Only



900290955789

10/06/16--01017--031 **70.00

16 OCT 25 AM 11:09

FILED
OCT 27 2016
J. HARRIS

OCT 27 2016
J. HARRIS

01122
26/047

COVER LETTER

TO: Registration Section
Division of Corporations

ATARDECERES DE MIAMI CORP

SUBJECT: _____
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," or "Certificate of Good Standing" 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:
MARTA E JACOFKY

Name of Person
ATARDECERES DE MIAMI CORP

Firm/Company
2320 HOLLYWOOD BLVD.

Address
HOLLYWOOD FLORIDA 33020

City/State and Zip code
martaj@mejaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTA E JACOFKY	305	300-1743
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

MARTA E. JACOFISKY
2320 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

SUBJECT: ATARDECERES DE MIAMI CORP
Ref. Number: W16000069050

RECEIVED
2016 OCT 21 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ATARDECERES DE MIAMI CORP 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 document must contain both the street address of the principal office and the mailing address of the entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

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

Tanisha L Washington
Regulatory Specialist II

Letter Number: 416A00021665

FILED
2016 OCT 25 AM 11:09
TALLAHASSEE, FLORIDA

**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.*

ATARDECERES DE MIAMI CORP

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
DELAWARE 46-5098327

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
03/25/2013

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2320 Hollywood Blvd Hollywood FL 33020
(Principal office address)

2320 Hollywood Blvd Hollywood FL 33020
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARMIKE PROPERTY MANAGEMENT Inc.

2320 HOLLYWOOD BLVD

Office Address: HOLLYWOOD

33020

(City)

, Florida 33020
(Zip code)

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.


(Registered agent's signature)

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.

FILED
OCT 25 AM 11:06
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

A. DIRECTORS

THEA GUSTAVO

Chairman:

2020 NE 163 STREET 300 D MIAMI FLORIDA 33162

Address:

RICARDO LOZANO

Vice Chairman:

2020 NE 163 STREET 300 D MIAMI FLORIDA 33160

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

THEA GUSTAVO

President:

2020 NE 163 STREET 300 D MIAMI FLORIDA 33160

Address:

RICARDO LOZANO

Vice President:

2020 NE 163 STREET 300 D MIAMI FLORIDA 33160

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

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.

13. **Gustavo Thea -director-**

(Typed or printed name and capacity of person signing application)

FILED
16 OCT 25 AM 11:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ATARDECERES DE MIAMI CORP" 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 SEVENTEENTH DAY OF OCTOBER, A.D.
2016.



5309332 8300

SR# 20166222454

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203167688

Date: 10-17-16