

F21000002284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

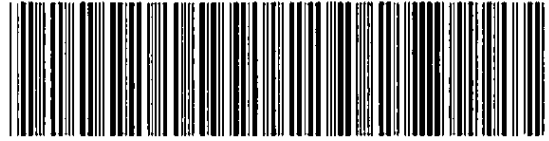
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 26 2021

M. SOLOMON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Piramide Business Corproation

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH 04/22/21 _____
Name Date Time

Walk-In _____ Will Pick Up _____

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.

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

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

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

4. April 10, 1979 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Has not transacted business in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 5900 SW 73 Street, Suite 301, South Miami, Florida 33143
(Principal office street address)

(Current mailing address, if different)

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

Name: AGI Registered Agents, Inc.

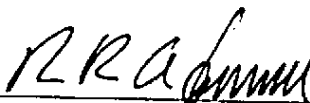
Office Address: 1000 Brickell Ave., Suite 300

Miami, Florida 33131
(City) (Zip code)

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STATE OF FLORIDA
DEPARTMENT OF STATE

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.

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: Remir Fernando Guardazzi
 Vice Chairman Address: 5900 SW 73 Street
 Director Suite 301
 President South Miami, FL 33143
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Sergio Remo Guardazzi
 Vice Chairman Address: 5900 SW 73 Street
 Director Suite 301
 President South Miami, FL 33131
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

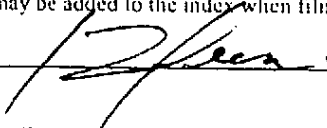
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 STATE OF FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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.

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. Remir Fernando Guardazzi, President
 (Typed or printed name and capacity of person signing application)



Registro Público de Panamá

FIRMADO POR: GLADYS EVELIA
JONES CASTILLO
FECHA: 2021.04.09 14:52:13 -05:00
MOTIVO: SOLICITUD DE PUBLICIDAD
LOCALIZACION: PANAMA, PANAMA

Gladys E. Jones

CERTIFICADO DE PERSONA JURÍDICA

CON VISTA A LA SOLICITUD

119027/2021 (0) DE FECHA 04/09/2021

QUE LA SOCIEDAD

PIRAMIDE BUSINESS CORPORATION
TIPO DE SOCIEDAD: SOCIEDAD ANONIMA
SE ENCUENTRA REGISTRADA EN (MERCANTIL) FOLIO Nº 37980 (S) DESDE EL MARTES, 10 DE ABRIL DE 1979
- QUE LA SOCIEDAD SE ENCUENTRA VIGENTE

- QUE SUS CARGOS SON:
AGENTE RESIDENTE: MORGAN Y MORGAN
DIRECTOR / PRESIDENTE: REMIR FERNANDO GUARDAZZI RIVERO
SECRETARIO: REMIR FERNANDO GUARDAZZI RIVERO
DIRECTOR / VICEPRESIDENTE: SERGIO REMO GUARDAZZI RIVERO
TESORERO: SERGIO REMO GUARDAZZI RIVERO
DIRECTOR: JUANA LUCILA DE RIVERO GUARDAZZI

- QUE LA REPRESENTACIÓN LEGAL LA EJERCERÁ:
EL PRESIDENTE O EL TERCERERO O EL SECRETARIO.

- QUE SU CAPITAL ES DE 1,000.00 ACCIONES SIN VALOR

- QUE SU DURACIÓN ES PERPETUA
- QUE SU DOMICILIO ES PANAMÁ, PROVINCIA PANAMÁ

ENTRADAS PRESENTADAS QUE SE ENCUENTRAN EN PROCESO

NO HAY ENTRADAS PENDIENTES.

RÉGIMEN DE CUSTODIA: CONFORME A LA INFORMACIÓN QUE CONSTA INSCRITA EN ESTE REGISTRO, LA SOCIEDAD OBJETO DEL CERTIFICADO NO SE HA ACOGIDO AL RÉGIMEN DE CUSTODIA.

EXPEDIDO EN LA PROVINCIA DE PANAMÁ EL VIERNES, 09 DE ABRIL DE 2021 A LAS 02:51 P.M..

NOTA: ESTA CERTIFICACIÓN PAGÓ DERECHOS POR UN VALOR DE 30.00 BALBOAS CON EL NÚMERO DE LIQUIDACIÓN 1402939398



Valide su documento electrónico a través del CÓDIGO QR impreso en el pie de página o a través del Identificador Electrónico: 7B2AB59D-FCCA-45F7-9693-8493CD1D6E62
Registro Público de Panamá - Vía España, frente al Hospital San Fernando
Apartado Postal 0830 - 1596 Panamá, República de Panamá - (507)501-6000

PUBLIC REGISTRY OF PANAMA

Signed by: GLADYS EVELIA
JONES CASTILLO (Signed)
Date: 2021.04.09 14:52:13 - 05:00
Purpose: Request of Public Record
Place: Panama, Panama

JURIDICAL PERSON CERTIFICATE

IN VIEW OF THE REQUEST

119027/2021 (0) dated 04/09/2021

THAT THE CORPORATION

PIRAMIDE BUSINESS CORPORATION

TYPE OF COMPANY: CORPORATION

Is recorded under (Trade) Registration No. 37980 (S) since Tuesday, April 10, 1979

That the corporation is in force

THAT ITS OFFICERS ARE:

DIRECTOR/PRESIDENT: REMIR FERNANDO GUARDAZZI RIVERO
SECRETARY: REMIR FERNANDO GUARDAZZI RIVERO
DIRECTOR/VICEPRESIDENT: SERGIO REMO GUARDAZZI RIVERO
TREASURER: SERGIO REMO GUARDAZZI RIVERO
DIRECTOR: JUANA LUCILA DE RIVERO GUARDAZZI

RESIDENT AGENT: MORGAN Y MORGAN

That the Legal Representative shall be:
The President or the Treasurer or the Secretary

That its capital is of 1,000 shares without value

That its duration is Perpetual,
That its domicile is Panama, Province of Panama.

ENTRIES IN PROGRESS

THERE ARE NO PENDING ENTRIES.

Custody regime: according to the information recorded in this Registry, the corporation object of this certificate has not adopted the Custody Regime.

ISSUED IN THE PROVINCE OF PANAMA, ON FRIDAY, APRIL 9, 2021 AT 2:51 P.M.

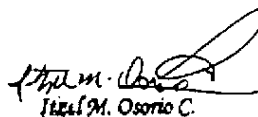
NOTE: This certification paid rights for a value of 30.00 Dollars with voucher number 1402939398.

Validate your electronic document through the QR CODE printed at the foot of this page or the Electronic Identifier: 7B2AB59D-FCCA-45F7-9693-8493CD1D6E62

Public Registry of Panama – Via España Avenue, in front of Hospital San Fernando,
P.O. Box 0830 – 1596, Panama, Republic of Panama – (507)501-6000

THIS IS A TRUE TRANSLATION INTO THE ENGLISH LANGUAGE OF THE ORIGINAL DOCUMENT WRITTEN IN SPANISH.

PANAMA, APRIL 12, 2021.


Jéssica M. Osorio C.

Traductor Público Autorizado
Español - Inglés
Resolución No 1044 re 21 de julio de 2009
Panamá, República de Panamá