

F24000002165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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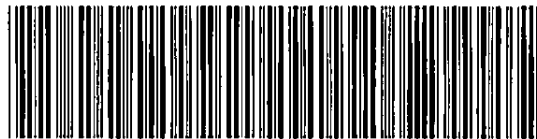
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 APR - 8 PM 4: 55

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMAR Y SERVIR CORPORATION

\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JUAN MIGUEL ESAA

\_\_\_\_\_  
Name of Person

AMAR Y SERVIR CORPORATION

\_\_\_\_\_  
Firm/Company

350 SOMERSET WAY

\_\_\_\_\_  
Address

WESTON FL 33326

\_\_\_\_\_  
City/State and Zip Code

AMARYSERVIR1209@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN MIGUEL ESAA

\_\_\_\_\_  
Name of Person

469 7749917  
at ( )

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA.

1. AMAR Y SERVIR CORPORATION

(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. EN TODO AMAR Y SERVIR CORPORATION

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

3. TX 84-3645924  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/8/2019 5. N/A  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.

7. 350 SOMERSET WAY, WESTON FL 33326  
(Principal office street address)

(Current mailing address, if different)

8. TO PLAN, ORGANIZE, SUPPORT AND EXECUTE ARTS AND EDUCATIONAL ACTIVITIES FOR THE PRESERVA  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

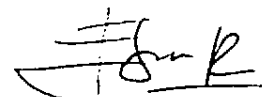
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JUAN MIGUEL ESAA

10. Fee Address: 350 SOMERSET WAY  
WESTON Florida 33326  
(City) (Zip Code)

11. 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)

12. 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.

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12. 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: JUAN MIGUEL ESAA  
☐ Vice Chairman Address: 350 SOMERSET WAY, WESTO  
☐ Director \_\_\_\_\_  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: NINO RAVICINI  
☐ Vice Chairman Address: 535 PENTA CT. WESTON FL 3:  
☒ Director 33327  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

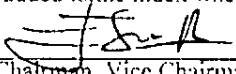
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: MARIA JOSEFINA ESAA  
☒ Vice Chairman Address: 350 SOMERSET WAY, WESTO  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: KENNETH MATHISON  
☐ Vice Chairman Address: 2378 QUAIL ROOST DRIVE, W  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: 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.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JUAN MIGUEL ESA, CHAIRMAN/PRESIDENT  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AMAR Y SERVIR (file number 803463723), a Domestic Nonprofit Corporation, was filed in this office on November 06, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 28, 2024



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State