

# F000000002367

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

100003228611--3

-04/28/00--01018--022

\*\*\*\*\*70.00 \*\*\*\*\*70.00

100003228611--3

-04/28/00--01018--023

\*\*\*\*\*8.75 \*\*\*\*\*8.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Todoplasticos, Inc. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 4/28

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
00 APR 28 AM 11:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

5

4/28

FILED  
00 APR 28 PM 2:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

## AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

## OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

## REGISTRATION/ QUALIFICATION

<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

## TRANSMITTAL LETTER

To: Qualification /Tax Lien Section  
Division of Corporation

SUBJECT: TODOPLASTICOS, INC.  
(Name of corporation - must include suffix)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 20 PM 2:31

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:

Alberto Peisach  
(Name of Person)  
Vision Advisors  
(Firm/Company)  
2999 N.E. 191 ST  
(Address)  
Aventura, Florida 33180  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Alberto Peisach at (305) 935-6511  
(Name of Person) (Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporation  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporation  
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 & Certificate 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.

1. TODOPLASTICOS, 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. Delaware

(State of country under the law of which it is incorporated)

3. 51-0396911

(FEI number, if applicable)

4. February 24, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Anticipated March 15, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 AND 817.155, F.S.)

7. C/o Loeb, Block & Partners LLP - 505 Park Avenue - 9<sup>th</sup> FloorNew York, NY 10022

(Current mailing address)

8. Any activity Authorized by law.

(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)**Name: Alberto PeisachOffice Address: 2999 NE 191<sup>st</sup>Aventura, Florida, 33180

(Zip Code)

**10. 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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

✱

(Registered agent's signature)

11. 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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 PM 2:51

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address ONLY - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: ALBERTO PEISACH

Address: 2999 N.E. 191<sup>st</sup> Aventura, Florida 33180

Director: JAIME PEISACH

Address: 2999 N.E. 191<sup>st</sup> Aventura, Florida 33180

**B. OFFICERS (Street address ONLY - P.O. Box NOT acceptable)**

President: ALBERTO PEISACH

Address: 2999 N.E. 191<sup>st</sup> Aventura, Florida 33180

Vice President/Secretary: JAIME PEISACH

Address: 2999 N.E. 191<sup>st</sup> Aventura, Florida 33180

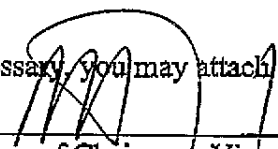
Assistant Secretary: HERBERT M. SELZER

Address: C/o Loeb, Block & Partners LLP - 505 Park Avenue - 9<sup>th</sup> Floor  
New York, NY 10022

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an 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. Alberto Peisach Pres.  
 (Typed or printed name and capacity of person signing application)

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*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

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DIVISION OF CORPORATIONS  
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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TODOPLASTICOS, INC." 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 NINTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TODOPLASTICOS, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

*Edward J. Freel, Secretary of State*

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AUTHENTICATION:

0305581

DATE:

03-09-00