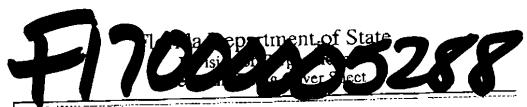
ivision of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000307828 3)))



H170003078283ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION COPASA Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75
(<u></u>	

Electronic Filing Menu

Corporate Filing Menu

Help

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. COPASA Inc (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") COPASA Contracting, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2330 Pence De Leon Blvd Coral Gables, FL 33134 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Worldwide Corporate Administrators LLC Name: 2330 Punce De Leon Blvd Office Address: Cotal Gables 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)

Savannah Montalban, Attorney-in-Fact

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.

PAGE 03/05

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

A. DIRE	CTORS
Chairman:	
Address:	
Vice Chai	rman;
Address:	
Director:	Aifredo Blanco Lopez
Address:	2330 Ponce De Leon Bivd Coral Gables, FL 33134
Director:	
Address:	
	2 7
B. OFF	TCERS I
President	Alfredo Blanco Lopez
	2330 Ponce De Leon Blvd Coral Gables, FL 33134
7100100	
Vice Pro	Ignacio Alvarez Muñiz
	2330 Ponce De Leon Blvd Coral Gables, FL 33134
Auntess	
C-setar	
Secretar	:
Toursell	er;
4 11	
	the street of th
NOTE	
	Signature of the facts stated percin
	ficer or director signing this document (and who is listed in number 11 above) all this that the tests of section of the partment of State constitutes and that he or she is aware that false information submitted in a document to the Department of State constitutes degree felony as provided for in s.817.155, F.S.
_ 5	A torney-in-Pact
13	(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COPASA 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COPASA INC" WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

.:: .

Authentication: 203557351

Date: 11-13-17

850-617-6361

11/21/2017 9:31:56 AM PAGE 1/001 Fax Server

PAGE 04/06



November 21, 2017

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: COPASA CONTRACTING, INC.

REF: W17000090544

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: E17000306115 Letter Number: 717A00023567

NOV 22 AM 9: 14

P.O BOX 6327 - Tallahassec, Florida 32314

850-617-6381

11/21/2017 9:29:34 AM PAGE 1/001 Fax Server



November 21, 2017

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: COPASA INC REF: W17000092675

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: H17000305941 Lettor Number: 017A00023574

2017 NBY 22 AM 9: 14