

12/5/2017

Division of Corporations

FAX AUDIT NO.: H170003197923

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 07272000142
Phone : (305)442-1567
Fax Number : (305)442-1227

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

Email Address: mfreeman@freemanmiami.com

FOREIGN PROFIT/NONPROFIT CORPORATION
PORVEN, LTD

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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December 7, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL J FREEMAN, PA

SUBJECT: PORVEN, LTD
REF: W17000C96874

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 use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H17000319792
Letter Number: 217A00024700

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. PORVEN, LTD. IN FLORIDA, Inc.

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

PORVEN, LTD. IN FLORIDA, INC.

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

2. DELAWARE

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

3. 11-3118317

(FEI number, if applicable)

4. 02/25/1992

(Date of incorporation)

5. _____

(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. 153 Sevilla Avenue, Coral Gables, FL 33134

(Principal office address)

P.O. Box 140668, Coral Gables, FL 33114

(Current mailing address, if different)

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

Name: M.J.F. Registered Agent Corp.

Office Address: 153 Sevilla Avenue

Coral Gables

(City)

Florida 33134

(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.

M.J.F. Freeman, Pres.

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

A. DIRECTORSChairman: Maria Jose Soriano ManzanetAddress: 153 Sevilla Avenue, Coral Gables, FL 33134

Vice Chairman: _____

Address: _____

Director: Silvestre SegarraAddress: 153 Sevilla Avenue, Coral Gables, FL 33134Director: Hector Colonques MorenoAddress: 153 Sevilla Avenue, Coral Gables, FL 33134**B. OFFICERS**President: Maria Jose Soriano ManzanetAddress: 153 Sevilla Avenue, Coral Gables, FL 33134Vice President: Michael J. FreemanAddress: 153 Sevilla Avenue, Coral Gables, FL 33134Secretary: Hector Colonques MorenoAddress: 153 Sevilla Avenue, Coral Gables, FL 33134Treasurer: Juan Francisco Ramos UsoAddress: 153 Sevilla Avenue, Coral Gables, FL 33134**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. MJ Freeman VP

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. Michael J. Freeman, Vice President

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PORVEN, LTD." 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 SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



2289101 8300

SR# 20177411457

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: 203696347

Date: 12-06-17