

F19000005027

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/01/19--01002--017 **78.75

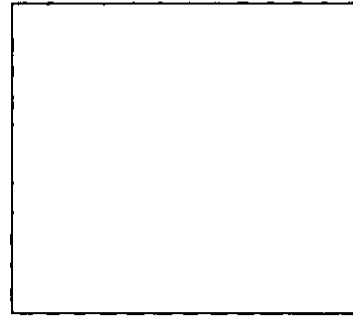
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 NOV - 1 PM 1:38

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M. SOLOMON

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



ACCT# ~~FE-1000000025~~

WALK-IN

ENTITY NAME:

CALOCARA ASSETS LIMITED INC.

File Qualification – Certified Copy Back

Check # 8447 for \$ 78.75 attached.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2019

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: CALOCARA ASSETS LIMITED INC.
Ref. Number: W19000097022

We have received your document for CALOCARA ASSETS LIMITED INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Registered Agent listed must match the records on <http://www.sunbiz.org> the "s" was left off Agent. Also, no City was provided for the Registered Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 319A00022714

19 NOV - 5 3:13:16

* RE-SUBMITTING
W/ CORRECTIONS
PLEASE RETAIN
ORIGINAL SUBMISSION
DATE

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.

Calocara Assets Limited Inc.

1. _____
(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)
British Virgin Islands 98-1048884

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
December 6, 2011

4. _____ 5. _____
(Date of incorporation) (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)
20225 NE 34th Court, Apt. 1618, Aventura, FL 33180

7. _____
(Principal office address)

(Current mailing address, if different)

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

Atrium Registered Agents, Inc.

Name:

8950 SW 74th Ct. Suite 1901

Office Address:

Miami

(City)

, Florida

33156

(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.

Atrium Registered Agents, Inc.
By: Felipe Frias, VP

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Becky Mughinsein

Director: _____

20225 NE 34th Court, Apt. 1618, Aventura, FL 33180

Address: _____

Hanny Mughinsein de Nessim

Director: _____

20225 NE 34th Court, Apt. 1618, Aventura, FL 33180

Address: _____

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B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 here 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.

Becky Mughinsein, Director

13. _____

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

TERRITORY OF THE BRITISH VIRGIN ISLANDS
BVI BUSINESS COMPANIES ACT, 2004



B3AE858E37

CERTIFICATE OF GOOD STANDING
(SECTION 235)

The REGISTRAR OF CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES that, pursuant to the BVI Business Companies Act, 2004 at the date of this certificate, the company,

CALOCARA ASSETS LIMITED

BVI COMPANY NUMBER: 1684227

1. Is on the Register of Companies;
2. Has paid all fees and penalties due under the Act;
3. Has filed with the Registrar a copy of its register of directors which is complete;
4. Has not filed articles of merger or consolidation that have not become effective;
5. Has not filed articles of arrangement that have not yet become effective;
6. Is not in voluntary liquidation;
7. Is not in liquidation under the Insolvency Act, 2003;
8. Is not in receivership under the Insolvency Act, 2003;
9. Is not in administrative receivership; and
10. Proceedings to strike the name of the company off the Register of Companies have not been instituted.



A handwritten signature in black ink, appearing to read "M. H. ...".

REGISTRAR OF CORPORATE AFFAIRS

29th day of October, 2019