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DIVISION OF CORPORATION



STEEL HECTOR & DAVIS LLP Requestor's Name 215 S. MONROE ST. SUITE 601 Address 222.2300 TALLAHASSEE 32301 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. AVILARES LTD. (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) X Walk in Pick up time _ 3:00 Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILTINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ IF YOU HAVE ANY QUESTIONS PLEASE **QUALIFICATION** CONTACT ELIZABETH GLEATON AT Annual Report 222.2300. Foreign XXX Fictitious Name THANK YOU. Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1/95)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1. AVILARES LTD. CORP. (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. <u>British Virgin Islands</u> 3. <u>Applied For</u> (State or country under the law of which it is incorporated) (FEI numb 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") Upon filing of this Application with the Florida Department of State (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) c/o Hernando Diaz 7. 200 South Biscayne Boulevard, Ste. 4000, Miami, Florida 33131 (Principal office address) Same as above (Current mailing address) Any and all lawful business permitted where the product accounts (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: Peninsula Registered Agents, Inc. Office Address: 200 S. Biscayne Boulevard, 43rd Floor 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

PENINSULA REGISTERED AGENTS, INC.

(Registered agent's signature) Debra Palmisano, Vice President

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.

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

A. DIRECTORS	755 %
Chairman:	最 月 五
Address:	影 2 三
	The P O
	10:1 19
Vice Chairman:	7 P
Address:	
Director: Vivianne Baez	
Address: c/o 200 South Biscayne Boulevard, Ste. 4000	
Miami, Florida 33131	
Director: Hernando Diaz	
Address: c/o 200 South Biscayne Boulevard, Ste. 4000	<u></u>
Miami, Florida 33131	
B. OFFICERS	
President: Hernando Diaz	
Address: Same as above	
Vice President: <u>Vivianne Baez</u>	
Address: Same as above	
Secretary:	
Address:	
Treasurer:	
Address:	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing additional offic	ers and/or directors.
13. Linewer seg	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
14. Vivianne Baez, Director (Typed or printed name and capacity of person signing application)	
Filmed or printed name and capacity of person staning application)	

