F0300006391

(Req	uestor's Name)	_
(Add:	ress)	_
(Addi	ress)	_
(City/	/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Busi	iness Entity Name)	
(Doci	ument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Fi	iling Officer:	1

Office Use Only



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ZON OF CORFORATION

ALLAHASSEE, FLORIDA

W03-3494/

J. BRYAN DEC 2 6 2003



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 20, 2003

RAIMUNDO SANCHEZ S.P.L.-USA, CORP PO BO 543 CLARKS SUMMIT, PA 18411-0543

SUBJECT: S.P.L.-USA, CORP Ref. Number: W03000034941 1003 OEC 24 PH 3: 00

We have received your document for S.P.L.-USA, CORP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that S.P.L.-USA, CORP has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates January 1, 1998, as the initial date of transacting business in the State of Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$5,750.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 603A00063177

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: S. P.L USA, CORP.
(Name of corporation - must include suffix)
TO: Registration Section Division of Corporations SUBJECT: S. P.L USA, CORP. (Name of corporation - must include suffix) 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:
RAIMUNDO SANCHEZ
RAIMUNDO SANCHEZ (Name of Person)
S.P.LUSA, CORP.
S.P.LUSA, Corp. (Firm/Company)
P.O. Box 543, 655 NORTHERN BLVD. (Address)
CLARKS SUMMIT, PA 18411 -0543 (City/State and Zip code)
• •
For further information concerning this matter, please call:
0, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5
(Name of Person) at (570) 587-5000 (Area Code & Daytime Telephone Number)
(
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma} \\$78.75 Filing Fee & \Boxed{\sigma} \\$78.75 Filing Fee & \Boxed{\sigma} \\$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.	S.P.LUSA, CORP.
	(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;
2.	DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
-	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	Ian 1999
	(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.)
7.	655 Northern BOULEVARD. CLARKS SUMMIT. PA. 18411
•	655 Northern BOULEVARD. CLARKS SUMMIT. PA 18411 (Principal office address)
	Q.O. Box 543, CLARRS SUMMIT, PA 18411_0543 (Current mailing address)
	(Current mailing address)
8.	Science distribution of Scit & Scit products used primarily for water conditioning (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: Lexisteris Document Solutions Inc.
Of	ffice Address: 1201 HAYS Street.
	Tallahassee, FL 32301, Florida (Zip code)
	. Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place

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.

Lugra Wells ast Secretary
(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.

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

A. DIRECTORS

Address:	622 Northern Blag.	
	Clarks Summit. PA 18411	
Vice Chair	rman:	
	To B	$\stackrel{\checkmark}{\downarrow}$
_	The state of the s	<u> </u>
Director:	Enrique Bascuir	% √}
Address: _	652 Northern Blud	2
_	Clarks Summit, PA 18411	E
Director: _	Alejandro Danus	
Address: _	655 Northern BIVd.	
_	Clarks Summit, PA 18411	
B. OFFI	CERS	
	Alejandro Dánus	
	655 NORTHERN BLAD.	
		·
Secretos Vina Dunid	CLARKS SUMMIT, PA 18411 Tent: Valerio Quesney	
A dd	LSS NOOTHERN RIVE	
Address: _	CLARKS SUMMIT, PA 18411	
-		
,	Raimundo Sanchez	
Address: _	655 NORTHERN BLVD. CLARKS SUMMIT, PA 18411	
Freasurer:		
Address: _		
		*
NOTE: II	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	±
13	Signature of Director or Officer listed in number 12 of the application)	
	RAIMUNDO SANCHEZ, ASSISTANT SECRETARY	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S.P.L.-USA, CORP." 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 THIRTIETH DAY OF OCTOBER, A.D. 2003.





Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2720196

2740660 8300