

F040000000178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

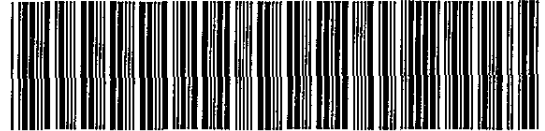
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/09/04 -01070--004 **78.75

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04 JAN -9 AM 10:50 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
AND BUSINESSES

BK

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Caribbean Project Management, PC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☐ Walk in
 ☒ Pick up time _____
 ☐ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the transmittal letter and send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Registration/Tax Lien Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbean Project Management, PC
(Name of corporation - must include suffix)

04 JAN -9 AM 10:50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Francisco G. Arteaga

(Name of Person)

Caribbean Project Management

(Firm/Company)

PO Box 9024051

(Address)

San Juan, Puerto Rico 00902-4051

(City/State and Zip code)

For further information concerning this matter, please call:

Francisco G. Arteaga
(Name of Person)

at (787) 999-4000
(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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$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. **Caribbean Project Management, PC,**

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

Caribbean Project Management, PC

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

2. **Puerto Rico**

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

3.

66-0532683

(FEI number, if applicable)

4. **6-21-96**

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(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. **Corporate Office Park, CPM Plaza, Suite 200, Road 20, Km 2.6, Guaynabo, Puerto Rico 00966**

(Principal office address)

Same as above

(Current mailing address)

8. **Construction Management Services**

(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: **José I. Padial, CPA**

Office Address: **Douglas Centre, PH 6, 2600 Douglas Road**

Coral Gables

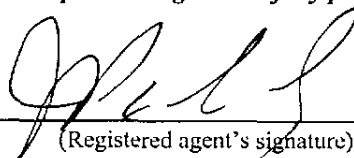
(City)

, Florida **33134**

(Zip code)

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.


(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

Chairman: **Francisco G. Arteaga, PE**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

Vice Chairman: **José Raúl Torres, PE**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

Director: **Andrés Salcedo**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

Director: **Rosa Iturrizaga**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

B. OFFICERS

President: **Francisco G. Arteaga, PE**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

Vice President: **José Raúl Torres, PE**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

Secretary: **Andrés Salcedo**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

Treasurer: **Rosa Iturrizaga**

Address: **Corporate Office Park, CPM Plaza, Suite 200, Road 20 KM 2.6, Guaynabo, Puerto Rico 00966**

NOTE: If 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)

14. **Francisco G. Arteaga, PE - President**

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



**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN PUERTO RICO**

*I, **GRICEL FALGAS RODRIGUEZ**, Assistant Director, of the Corporate Registry of the Department of State of the Commonwealth of Puerto Rico,*

CERTIFY: *That **CARIBBEAN PROJECT MANAGEMENT,P.C.** file 140-PC is a professional services profit corporation organized under the laws of Commonwealth Puerto Rico, on **June 21, 1996 at 11:44 a.m.***

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.01 of the General Corporations Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, *the undersigned by virtue of the authority vested by laws, hereby issue this certificate in the City of San Juan, Puerto Rico today **November 20th** of the year two thousand three.*

A handwritten signature in cursive script, reading "Grisel Falgás Rodríguez".

Grisel Falgás Rodríguez
*Assitant Director
Corporate Registry*

2004008561
GFR/els