

1. The first step is to identify the problem. This involves understanding the situation and the goals that need to be achieved.

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LATIN AMERICA HOME CORPORATION  
(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:

AVGH LOHNSON  
(Name of Person)

HAMS/H.A.M.T., Inc  
(Firm/Company)

708 E 236<sup>th</sup> STREET  
(Address)

BRONX NY 10466  
(City/State and Zip code)

For further information concerning this matter, please call:

SIMONE DANKINS at (718) 231-7300  
(Name of Person) (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. Latin American Home Corporation

(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. NEW YORK

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

3. 11-3598193

(FEI number, if applicable)

4. 02/28/01

(Date of incorporation)

5. PERPETUAL

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

6. 12/03

(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. 23091 FLORALWOOD LANE BOCA RATON FL 33343

(Principal office address)

23091 FLORALWOOD LANE BOCA RATON FL 33343

(Current mailing address)

8. REAL ESTATE

(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: ANTONIA ORTIZ

Office Address: 23091 FLORALWOOD LANE

BOCA RATON

(City)

FL 33343

(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.

x Antonia Ortiz

(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:

03 DEC 19 AM 10:45  
FILE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 03-11-2003 BY 60322  
UCBAW

FILED

**A. DIRECTORS**

Chairman: ANTONIA ORTIZ

Address: 23091 FLORALWOOD LANE  
BOCA RATON FL 33343

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ANTONIA ORTIZ

Address: 23091 FLORALWOOD LANE  
BOCA RATON FL 33343

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. X Antonia Ortiz  
(Signature of Director or Officer listed in number 12 of the application)

14. ANTONIA ORTIZ CHAIRMAN/PRESIDENT  
(Typed or printed name and capacity of person signing application)

**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of LATIN AMERICAN HOME CORPORATION was filed on 02/28/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 21st day of November  
two thousand and three.



Secretary of State

200311240177 38