F05000004545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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05 AUG -3 P 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVIDIC: BELOVED CHILD, INC.
(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:

SIRENAIKA TIRADO-LAGUNA
(Name of Person)

DAVIDIC: BELOVED CHILD, INC.
(Firm/Company)

5572 METRO WEST BLVD. APT. 211
(Address)

ORLANDO, FL 32811
(City/State and Zip code)

For further information concerning this matter, please call:

SIRENAIKA TIRADO-LAGUNA at (407) 721-6961
(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. DAVIDIC: BELOVED CHILD, INCORPORATED
(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. SAN JUAN, PUERTO RICO
(State or country under the law of which it is incorporated)

3. 66 - 0658117
(FEI number, if applicable)

4. MARCH 18, 2005
(Date of incorporation)

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. COND. BALDORIOTY PLAZA APT. 204 SAN JUAN, PUERTO RICO, 00912
(Principal office address)

5572 METRO WEST BLVD. APT. 211 ORLANDO, FLORIDA 32811
(Current mailing address)

8. EDUCATION & COMMUNITY 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 NOT acceptable)

Name: SIRENAIKA TIRADO-LAGUNA

Office Address: 5572 METRO WEST BLVD. APT. 211

ORLANDO, FLORIDA (City), Florida 32811 (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: SIRENAIKA TIRADO-LAGUNA

Address: 5572 METRO WEST BLVD. APT. 211 ORLANDO, FLORIDA 32811

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SIRENAIKA TIRADO-LAGUNA

Address: 5572 METRO WEST BLVD. APT. 211 ORLANDO, FL 32811

Vice President: _____

Address: _____

Secretary: LOURDES VAZQUEZ

Address: 647 BAYPORT DR. KISSIMMEE, FL 34758

Treasurer: DARRYL HAMILTON

Address: 5016 PARK CENTRAL DR. APT. 2214 ORLANDO, FL 32839

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. SIRENAIKA TIRADO-LAGUNA
(Typed or printed name and capacity of person signing application)

Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE ESTADO
San Juan, Puerto Rico

CERTIFICADO DE REGISTRO

Yo, **LILLIAM NORAT DAVID**, Directora, Registro de Corporaciones del Departamento de Estado del Estado Libre Asociado de Puerto Rico,

CERTIFICO: Que "**DAVIDIC: BELOVED CHILD, INC.**", registro **151306**, es una corporación **con fines de lucro** organizada bajo las leyes de Puerto Rico el **18 de marzo de 2005**, a las **3:34 PM**.

EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, hoy 18 de marzo de 2005.

Lillian Norat David
Directora
Registro de Corporaciones

LND/jar
2005021205 – $110.00

Estado Libre Asociado de Puerto Rico
Commnwealth of Puerto RIco

CERTIFICADO DE INCORPORACION
CERTIFICATE OF INCORPORTION
CORPORACION AUTORIZADA A EMITIR ACCIONES DE CAPITAL
A STOCK CORPORATION

PRIMERO: El nombre de la corporación es:
FIRST: *The name of the corporation is*:

Corporación **Davidic: Beloved Child, Inc**.

SEGUNDO: Su oficina designada en el Estado Libre Asociado de Puerto Rico estará localizada en:
SECOND: *Its designated office in the Comonwealth of Puerto Rico will be located at:*

Direcciόn fisica:	Cond. Baldorioty Plaza
Physical Address	Apt. 204
	San Juan, Puerto Rico
Direcciόn Postal:	Cond. Baldorioty Plaza
Mailing Address	Apt. 204
	San Juan, Puerto Rico, 00912.

Agente Residente: Carmen Rosalie Chinery England

TERCERO: Esta es una corporación con fines de lucro cuya naturaleza o propósitos son:
THIRD: *This is a for profit corporation which nature or purposes are:*
Dedicarse a cualesquiera actos o negocios lícitos para los cuales las corporaciones pueden organizarse conforme a esta ley.
To engage in any lawful business for which corporations are authorized to be organized under this law.

CUARTO: El número y clases de acciones que la corporación está autorizada a emitir serán mil acciones sin valor a la par.
FOURTH: *The number and classes of authorized capital stocks of this corporation will be one thousand stocks with no pair value.*

QUINTO: El nombre y dirección postal y fisica de cada incorporador son:
FIFTH: *The name and mailing and physical address of each incorporator are*

Sirenaika Tirado Laguna

Dirección fisica:	Cond. Baldority Plaza
Physical Address	Apt. 204
	San Juan, Puerto Rico
Dirección Postal:	Cond. Baldorioty Plaza
Mailing Address	Apt. 204
	San Juan, Puerto Rico, 00912

SEXTO: Las facultades de los incorporadores no habrán de terminar al radicarse el certificado de incorporación.

SIXTH: *The faculties of the incorporators will not end upon the filing of the certificate of the incorporation.*

Favor indicar con una "X" la fecha en que la corporación tendrá vigencia:
Please indicate with an "X" the date on which the corporation will be effective:

X la fecha de radicación
the filing date

_____ la siguiente fecha _____ (que no excederá noventa (90) días a partir de la
the following date *(which will not exceed ninety (90) days from the*
fecha de radicación)
filing date)

Yo/Nosotros, el/los suscribiente(s), siendo el/los incorporador(es) antes señalado(s), con el propósito de formar una corporación conforme a la Ley General de Corporaciones de Puerto Rico, juro/juramos que los datos contenidos en este certificado son ciertos, hoy día 18 del mes de MARZO del año 2005
I/We, *the undersigned, being the incorporator(s), hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of Puerto Rico of 1995, hereby swear that the facts herein stated are true, this* 18 *day of* MARCH, 2005

Incorporador(es)
Incorporator(s)

PARA USO OFICIAL
FOR OFFICIAL USE ONLY

Certificación del Oficial Examinador
Officer Certification

_____
Num. De Registro
Registration Number

Certifico el_____ de _____ de _____, quedó registrado
I hereby certify that on _____, _____, _____, *this*
dicho documento luego de haber cumplido con la Ley Num. 144
document has been duly registered in accordance to Act Num. 144
del 10 de agosto de 1995 (Ley General de Corporaciones).
of August 10, 1995 (General Corporations Law of Puerto Rico).

EN TESTIMONIO DE LO CUAL, firmo la presente y estampo en ella el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan.
IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by laws, hereby issue this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan.

Certifico que he leido y revisado dicho documento y que
I hereby certify that I have read and revised this document
and
este cumple con la Ley Num. 144 del 10 de agosto de 1995.
that it complies with Corporation Act Num. 144 of August
10, 1995.

_____ _____
Fecha Firma
Date Signature

_____ _____
Fecha Secretario Auxiliar de Estado
Date *Assistant Secretary of State*

MAR 13 P 2:02

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Date of this notice: 05-23-2005

Employer Identification Number:
66-0658117

Form: SS-4

Number of this notice: CP 575 E

DAVIDIC BELOVED CHILD INC
% SIRENAIKA TIRADO
5500 METRO WEST BLVD APT 104
ORLANDO FL 32811

For assistance you may call us at:
1-800-829-4933

0006

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 66-0658117. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records.
* Use this EIN and your name exactly as they appear above on all your federal tax forms.
* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.