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Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-1000 Phone Fax Number : (850)558-1575

# FOREIGN PROFIT/NONPROFIT CORPORATION

#### **EXPRESSO MANAGEMENT INC**

Certificate of Status	0
Certified Copy	1
Page Count	- C - M- 5
Estimated Charge	\$78.75

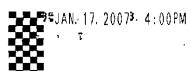
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1/5/2007







FLORIDA DEPARTMENT OF STATE
Dayssion of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: EXPRESSO MANAGEMENT INC.

REF: W07000002432

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Wanda Cunningham Document Specialist New Filing Section FAX Aud. #: H07000004460 Letter Number: 507A00003720

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#### 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.

(If name unavai	able in Florida, sater alternate corporate name	ne adopted for the purpose of transacting business in Florida	<u> </u>
Delaware	· 	20-5585515	
-	under the law of which it is incorporated)	(FEI number, if applicable)	_
May 24, 2		Perpetual	_
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_
	(Date first transacted business (SEE SECTIONS 607, 1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
c/o Alhambri	•	mbra Plaza, Suite 1202, Coral Gables, Flori	da 33114
	a Registered Agents, Inc., 2 Alha (Principal office ad	mbra Plaza, Suite 1202, Coral Gables, Flori dress)	da 33114 -
	Registered Agents, Inc., 2 Alha (Principal office ad 145390, Coral Gables, Floric	mbra Plaza, Suite 1202, Coral Gables, Floridass) da 33134	da 33114 -
	a Registered Agents, Inc., 2 Alha (Principal office ad	mbra Plaza, Suite 1202, Coral Gables, Floridass) da 33134	-
	Registered Agents, Inc., 2 Alha (Principal office ad 45390, Coral Gables, Floric (Current mailing ad	mbra Plaza, Suite 1202, Coral Gables, Floridass) da 33134	-
P.O. Box	Registered Agents, Inc., 2 Alha (Principal office ad 45390, Coral Gables, Floric (Current mailing ad	mbra Plaza, Suite 1202, Coral Gables, Floridress)  da 33134  dress)	-
P.O. Box	Registered Agents, Inc., 2 Alha (Principal office ad 45390, Coral Gables, Floric (Current mailing ad purpose ) of corporation authorized in home state or co	mbra Plaza, Suite 1202, Coral Gables, Floridress)  da 33134  dress)  Country to be carried out in state of Florida)	2007 JAN
P.O. Box	Registered Agents, Inc., 2 Alha (Principal office ad 45390, Coral Gables, Floric (Current mailing ad	mbra Plaza, Suite 1202, Coral Gables, Floridress)  da 33134  dress)  Country to be carried out in state of Florida)  O. Box NOT acceptable)  O. Box NOT acceptable)	2007 JAN -5
Any lawful (Purpose(s	Registered Agents, Inc., 2 Alha (Principal office ad 145390, Coral Gables, Florid (Current mailing ad purpose ) of corporation authorized in home state or contact agents.	mbra Plaza, Suite 1202, Coral Gables, Floridass)  da 33134  dress)  Country to be carried out in state of Florida)  O. Box NOT acceptable)  nts, Inc.	2007 JAN -5
P.O. Box 1  Any lawful (Purpose(s) Name and street Name:	Registered Agents, Inc., 2 Alha (Principal office ad 45390, Coral Gables, Florio (Current mailing ad purpose ) of corporation authorized in home state or o taddress of Florida registered agent: (P. Alhambra Registered Agen	mbra Plaza, Suite 1202, Coral Gables, Floridass)  da 33134  dress)  Country to be carried out in state of Florida)  O. Box NOT acceptable)  nts, Inc.	2007 JAN -5

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.

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12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Matias Garfunkel
Address: P.O. Box 145390, Coral Gables, Florida 33114
Vice Chairman: Mariana Garfunkel
Address: P.O. Box 145390, Coral Gables, Florida 33114
Director:
Address:
Director:
Address:
,
B. OFFICERS
President: Matias Garfunkel
P.O. Box 145390, Coral Gables, Florida 33114
Adultosa
Vice President: Mariana Garfunkel
Address P.O. Box 145390, Coral Gables, Florida 33114
Admiss
ecretary: Alberto de Cardenas
direct: P.O. Box 145390, Coral Gables, Florida 33114
Testaries;
ddross:
OTE: If necessary, you may astach an addendum to the application listing additional officers and/or directors.
- Thating
(Signature of Director or Officer listed in number 12 of the application)
Alberto de Cardenas, Secretary
(Typed at printed name and capacity of newon signing application)

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# Delaware

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPRESSO MANAGEMENT INC." 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 FIFTH DAY OF JANUARY, A.D. 2007.

AND I DO HERBEY FURTHER CERTIFY THAT THE SAID "EXPRESSO MANAGEMENT INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4164072 8300 070015885



Warriet Smith Windson
Hamet Smith Windson, Secretary or State

**AUTHENTICATION: 5331543** 

DATE: 01-05-07