F080000055012

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #	<u> </u>	
(Oity/State/Zip/Filofie #	,	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
,		
Certified Copies Certificates of	Status	
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

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TO: New Filing Section Division of Corporations	
SUBJECT: Quiros Family Farm, Inc. (Name of corporation - must	include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," and check are submitted to register the transact business in Florida.	
Please return all correspondence concerning this matter to the fo	ollowing:
Ariel Quiros	
(Name of Person)	
Quiros Family:Farm, Inc.	
(Firm/Company)	
111 NE 1st Street, 4th Fl	
(Address)	
Miami, FL 33132:	
(City/State and Zip of	code)
For further information concerning this matter, please call:	
Ariel Quiros	
at (<u>305) 342</u>	
(Name of Person) (Area Code & I	Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	Filing Fee & \$87.50 Filing Fee, ed Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2008

ARIEL QUIROS QUIROS FAMILY FARM, INC. 111 NE 1ST STREET, 4TH FL MIAMI, FL 33132

SUBJECT: QUIROS FAMILY FARM, INC.

Ref. Number: W08000050783

We have received your document for QUIROS FAMILY FARM, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Letter Number: 708A00056473

Ruby Dunlap Regulatory Specialist II

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.

Quiros Family Farm, Inc.	PD 2 "COMPANY 2 "CODDOD ATION 2
(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
me., co., corp. me, co, or corp.)	
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
Vermont (State or country under the law of which it is incorporated)	3. <u>26-3522816</u>
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
1/1/2008	5 Pornotual
(Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
,	• • • •
Upon_Qualification	
	ess in Florida, if prior to registration)
(SEE SECTIONS 607.1301 & 60	07.1502, F.S., to determine penalty liability)
111 NE 1st Street, 4th Fl,	Miami. FL 33132
(Principal office	
111 NE 1st Street, 4th Fl.	
(Current mailing	address)
Managment of Livestock and	Farm
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)
	75 8
. Name and street address of Florida registered agent: ((P.O. Box NOT acceptable)
Name: Ariel Quiros	AFF. 2
rune. <u>variot garros</u>	
ffice Address: 111 NE 1st Street,	4th FL
<u> Miami</u>	, Florida <u>33132</u>
(City)	(Zip code)
	9 "'
O. Registered agent's acceptance:	
	ervice of process for the above stated corporation at the pla
	intment as registered agent and agree to act in this capacit
riner agree to compty with the provisions of all statute nd I am familiar with and accept the obligatio ns of th y	es relative to the proper and complete performance of my o
na i am jaminar wan ana accept the obligations of my	position as registereu agent.
WAT !	
(Registered agent's signature	ute)
 Attached is a certificate of existence duly authenticat 	ted, not more than 90 days prior to delivery of this application

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: ___ Address: ____ Vice Chairman: Address: ___ Director: Ariel Quiros Address: 19 Grand Bay Estate Key Biscayne, Fl 33149 Director: Okcha Quiros Address: 19 Grand Bay Estate Key Biscayne, FL 33149 **B. OFFICERS** President: _Ariel Quiros___ Address: 19 Grand Bay Estate Key Biscayne, FL 33149 Vice President: _____ Address: ____ Secretary: _Okcha Quiros Address: 19 Grand Bay Estate Key Biscayne, Fl 33149 Treasurer: Address: 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)

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

Ariel Quiros, President

FILED

08 NOV 24 PM 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

STATE OF VERMONT OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that according to the records of this office

QUIROS FAMILY FARM, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on January 01, 2008 \pm

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and, as of this date, articles of dissolution/withdrawal have not been filed.

November 18, 2008

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

Deborah Markowitz Secretary of State

