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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CEG Events, Corp.

(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:

Oswaldo Ruiz

(Name of Person)

CEG Events, Corp.

(Firm/Company)

PO BOX 8474

(Address)

Ponce, PR 00732-8474

(City/State and Zip code)

For further information concerning this matter, please call:

Oswaldo Ruiz

(Name of Person)

at (787) 400-0500

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. **CEG Events, Corp.**

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

Creative Entertainment Group, Corp.

(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. **183087**

(FEI number, if applicable)

4. **08/13/08**

(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. **#1314 Callejon Fagot Ponce, PR 00730**

(Principal office address)

PO BOX 8474 Ponce, PR 00732-8474

(Current mailing address)

8. _____

(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: **Wanda Negron**

Office Address: **2310 Windsor Lake Circle**

Sanford, Florida **32773**

(City)

(Zip code)

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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: Oswaldo Ruiz

Address: PO BOX 8474 Ponce PR 00732-8474

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Vice Chairman: Luis Ventosa

Address: PO BOX 8474 Ponce PR 00732-8474

Director: Michael G. Muñoz

Address: PO BOX 8474 Ponce PR 00732

Director: _____

Address: _____

B. OFFICERS

President: Oswaldo Ruiz

Address: PO BOX 8474 Ponce PR 00732-8474

Vice President: Luis Ventosa

Address: PO BOX 8474 Ponce PR 00732-8474

Secretary: Victor Negrón

Address: 2310 Windsor Lake Circle, Sanford, FL. 32773

Treasurer: Michael G. Muñoz

Address: PO BOX 8474 Ponce PR 00732-8474

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. Victor Negrón, Secretary

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



Commonwealth of Puerto Rico
Department of State
San Juan, Puerto Rico

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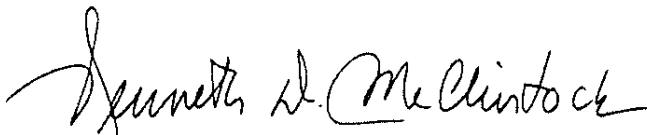
CERTIFICATE OF EXISTENCE

I, **KENNETH D. McCLINTOCK**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, according to our records "**C E G EVENTS, CORP.**", registration number **183087** is a profit corporation organized in accordance to the General Corporation Law of Puerto Rico on **AUGUST 13, 2008** at **10:20 a.m.**

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

IN WITNESS WHEREOF, I hereby sign and cause the Great Seal of the Commonwealth of Puerto Rico to be affixed on it, in the city of San Juan, today, April 7, 2009.


KENNETH D. McCLINTOCK
Secretary of State

KDMH/mara
0607423 \$10.00