

**F09000003889**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*CC*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** KOKORIKO S.A.

Name of corporation - must include suffix

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

ROBERTO DILENA

Name of Person

ENTERPRISE RESOURCE PLANNING, INC

Firm/Company

10305 NW 41st STREET, SUITE 219

Address

DORAL, FL 33178

City/State and Zip code

RdiLena@erp-cpa.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO DILENA

Name of Person

at ( 305 ) 4715874

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 Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

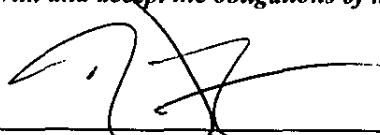
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. KOKORIKO S.A. Corp.  
(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. COLOMBIA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 21, 2005 5. NOVEMBER 27, 2053  
(Date of incorporation) (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. CL 24 F 94 51, BOGOTA, COLOMBIA  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address)
8. TO OPERATE THROUGH KOKORIKO USA FRANCHISING LLC WHICH IS 100% OWNED  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) BY KOKORIKO S.A.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: ROBERTO DILENA
- Office Address: 10305 NW 41st STREET, SUITE 219  
DORAL, , Florida 33178  
(City) (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: CAMILO ANTONIO ROBAYO MORALES

Address: CR 4 A 53 15 BOGOTA, COLOMBIA

Vice Chairman: CLAUDIA CRISTINA ROBAYO OTERO

Address: CL 24 F 94 51, BOGOTA, COLOMBIA

Director:

Address:

Director:

Address:

**B. OFFICERS**

President:

Address:

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.

(Signature of Director or Officer listed in number 12 of the application)

14. CAMILO ANTONIO ROBAYO MORALES, MANAGER

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

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