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TALLAHASSEE, FLORIDA

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17#

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hecho a mano, 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," 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:

Victor Ianni

Name of Person

Hecho a Mano , Inc.

Firm/Company

1126 Ashford Ave.

Address

San Juan, PR 00907

City/State and Zip code

victor@hechoamanopr.com

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

For further information concerning this matter, please call:

Jorge Silva

Name of Person

at (787) 547-0882

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

Hecho a Mano pr, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. San Juan, Puerto Rico 3. 660493744
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/30/1993 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1126 Ashford Ave. San Juan, PR 00907
(Principal office address)

1126 Ashford Ave. San Juan, PR 00907
(Current mailing address)

8. sale of women clothing and accesories.
(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: Arlene Lafontaine

Office Address: 693 Millard Drive Ave.

Port St. Lucie, Florida 34953
(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.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Victor Ianni

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Address: 36 Caoba Street Punta Las Marias
San Juan, PR 00913

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TALLAHASSEE, FLORIDA

Vice Chairman: Norna L. Cabrera

Address: 36 Caoba Street Punta Las Marias
San Juan, PR 00913

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Victor Ianni

Address: 36 Caoba Street Punta Las Marias
San Juan, PR 00913

Vice President: Norma L. Cabrera

Address: 36 Caoba Street Punta Las Marias
San Juan, PR 00193

Secretary: Norma L. Cabrera

Address: 36 Caoba Street Punta Las Marias San Juan, PR 00913

Treasurer: Luis Cabrera

Address: 2306 Laurel Street 9A Punta Las Marias San Juan, PR 00913

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Victor Ianni / President

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



Government of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

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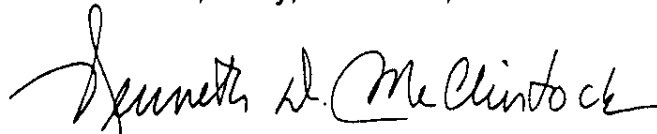
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF GOOD STANDING

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

CERTIFY: That, pursuant to the provisions of the General Corporation Law, "**HECHO A MANO, INC.**", register number **83423**, a **profit** corporation organized under the laws of Puerto Rico, has complied with the filing of Annual Reports; therefore, it is in good standing.

IN WITNESS WHEREOF, sign the present and cause to be affixed on it the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, today, October 8, 2010.



KENNETH D. McCLINTOCK
Secretary of State