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(Req	uestor's Name)				
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(City)	/State/Zip/Phone #	()			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer:					
W11-	60070				

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SECRETARY OF SECRETARY

COVER LETTER

TO:	New Filing Section Division of Corporations							
SUBJ	ECT: PLUS TRADING S.A., I	NC						
Name of corporation - must include suffix								
Dear S	ir 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 ma	atter to the following:						
JUA	N CALLE							
•	Name	e of Person						
PLU	IS TRADING S.A., INC							
	Firm/	Company	_					
494	9 DRYDEN RD							
	A	ddress						
WES	ST PALM BEACH FL 33415							
	City/Sta	ite and Zip code						
elma	osis@gmail.com							
	E-mail address: (to be us	sed for future annual report not	tification)					
For fur	ther information concerning this matter, plea	se call:						
JUAI	N CALLE) 541-5222						
		rea Code & Daytime Telephon	e Number					
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations					
Enclos	ed is a check for the following amount:							
□ \$7	70.00 Filing Fee \$\frac{\$78.75}{\text{Filing Fee & Certificate of Status}}	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy					



November 30, 2011

JUAN CALLE 4949 DRYDEN RD WEST PALM BEACH, FL 33415

SUBJECT: PLUS TRADING S.A. INC

Ref. Number: W11000060070

We have received your document for PLUS TRADING S.A. INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own officer/director.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 611A00026814

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Division of Comparations DO DOV 6297 Tollahogges Florida 2021

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.	PLUS TRADIN	IG S.A. INC					
		rporation; must include "INCORPORATI rp," "Inc," "Co," or "Corp.")	ED," "C	COMPANY," "CORPORATION,	•		
	PLUS TRADII	NG S.A. FLR INC					
	(If name unavailab	ole in Florida, enter alternate corporate na	me adop	oted for the purpose of transacting	business	in Flo	rida)
2.	BELIZE		3				
	(State or country u	nder the law of which it is incorporated)		(FEI number, if applic	able)		
4.	09/23/2011		5. 7	serbetual			
	(Date o	of incorporation)	(D	uration. Year corp, will cease to e	xist or "p	erpetu	al")
6.	NO TRANSA	CTIONS YET					
		(Date first transacted busine (SEE SECTIONS 607.1501 & 60)		
7.	4949 DRYD	EN RD WEST PALM BEAG	CH FL	_ 33415			
•		(Principal office	address)		三言	2	
	4949 DRYE	EN RD WEST PALM BE	ACH	FL 33415		JA	
		(Current mailing	address)		828	2	
R	IMPORT EX	XPORT TRADING			E. FL	3 PH	ED
Ο.		of corporation authorized in home state of	r countr	y to be carried out in state of Flori	da)	ŧ:	
9.	Name and street	address of Florida registered agent: (P.O. Bo	ox NOT acceptable)		29	
	Name:	JUAN CALLE		_			
o	ffice Address:	4949 DRYDEN RD		_			
		WEST PALM BEACH		_, Florida 33415			
		(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 FILED Chairman: Vice Chairman: Address: ___ Director: Address: Address: _ **B. OFFICERS** President: JUAN CALLE Address: 4949 DRYDEN RD **WEST PALM BEACH FL 33415** Vice President: FEDERICO DE LA RETA Address: SUITE 508 MARINA TOWERS BELIZE CITY, BELIZE Secretary: _ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. JUAN CALLE (PRESIDENT)

