

F13000005254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

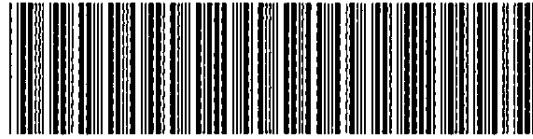
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DATE: 12/9/13

NAME: GLAIMOPAR, INC

TYPE OF FILING: QUALIFICATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GLAIMOPAR, 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:

Capitol Services Corporate Filings Team

Name of Person

Capitol Services, Inc.

Firm/Company

800 Brazos, Suite 400

Address

Austin, TX 78701

City/State and Zip code

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

For further information concerning this matter, please call:

Micah Caudle

Name of Person

at (800) 345-4647 Ext: 322

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. GLAIMOPAR, INC.
(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. Delaware 3. 5295250
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. February 27, 2013 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. December 4, 2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 9300 SW 125th Terrace, Miami, FL 33176
(Principal office address)

9300 SW 125th Terrace, Miami, FL 33176
(Current mailing address)

8. Holding Company
(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: Matilde Angulo Ochoa

Office Address: 9300 SW 125th Terrace

Miami, Florida 33176
(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.

Matilde Angulo Ochoa
(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:

A. DIRECTORS

Chairman: Matilde Angulo Ochoa
Address: 9300 SW 125th Terrace
Miami, FL 33176

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Matilde Angulo Ochoa
Address: 9300 SW 125th Terrace
Miami, FL 33176

Vice President: _____
Address: _____

Secretary: Matilde Angulo Ochoa
Address: 9300 SW 125th Terrace, Miami, FL 33176

Treasurer: Matilde Angulo Ochoa
Address: 9300 SW 125th Terrace, Miami, FL 33176

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. Matilde Ochoa _____ Matilde Angulo Ochoa, President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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DIVISION OF CORPORATIONS

2013 DEC 9 1 PM 5:50

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLAIMOPAR, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2013.

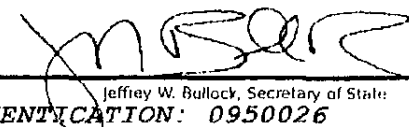
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLAIMOPAR, INC" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5295250 8300

131381629




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0950026

DATE: 12-05-13