

F140000000986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BADE CORP SOCIEDAD ANONIMA CORP
Name of Corporation

DOCUMENT NUMBER: F14000000986

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL FERRER

Name of Contact Person

F&S PROJECTS CORP

Firm/Company

1920 N COMMERCE PARKWAY, STE. # 3

Address

WESTON, FL. 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

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

For further information concerning this matter, please call:

RAFAEL FERRER

Name of Contact Person

at (**954**) **482.9681**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
BADE CORP SOCIEDAD ANONIMA CORP
2. This entity was authorized to transact business in Florida on 03/04/2014 and its Florida document number is F14000000986
3. This corporation was formed under the laws of COSTA RICA
4. The name and address of each officer and/or director is as follows:

Title:

P

Name and Address

ROSANA DE VITA

1059 SHOTGUN RD.

SUNRISE, FL. 33326

14 DEC 16 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)

Rosana De Vita

Signature of an officer or director

ROSANA DE VITA

Typed or printed name of person signing

PRESIDENT

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314