

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001441323)))



H140001441323ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number: I20000000082
Phone: (305)871-0889
Fax Number: (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

14 JUN 17 PH 2: 49

SEC. ALAMASSEE, TONIQA

FOREIGN PROFIT/NONPROFIT CORPORATION GORDO MANAGEMENT CORP

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

B 6/18/14

Electronic Filing Menu

Corporate Filing Menu

Help

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.

| (If name and an | Jable in Florida, enter alternatu corporate nam | to adopted for the purpose of transacting business in Florida) | | |
|---|---|---|--------------|----------------------------------|
| , DELAW | - | 47-1072636 | | |
| - , | under the law of which it is incorporated) | (FEI number, if applicable) PERPETUAL | | |
| | e of incorporation) | (Duration: Year corp. will sease to exist or "perpetual") | | |
| n - 1201 N. (| | In Florida, If prior to registration) 1502, F.S., to determine penulty liability //LMINGTON, DE 19801 | | |
| ·· | (Principal office ad ND AVE, MIAMI, FL 33132 | ldress) | | |
| v | Current milling as D ALL LAWFUL BUSINES | SS | NOC 11 | BV S |
| (Purposei | t) of corporation nuthorized in home state or a | • | Z | 200 ji |
| | et address of Florida repásibred agent: (P. BARINAS AND ASSOCIATES | . | 7 PH 12: | 20 20 20 20 20 20 20 20 |
| Name and <u>sure</u> Name: | | | | 3 |
| Name: | 5701 NW 36 ST | | $\ddot{\wp}$ | |
| | 5701 NW 36 ST MIAMI | Florida 33166 | 2: 20 | |

Maying been named as registered agent and to occupt service of process for the above stated corporation of 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 propur 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 emstody of corporate records in the jurisdiction under the law of which it is incorporated.

| 12. Name | s and business addresses of officers and/or directors: | | |
|---------------|--|---------------|--------------|
| A DIREC | | | |
| | | | |
| Address' | | | |
| _ | | بد، جبید ر سد | |
| | mdn: | | |
| Address' | | | |
| - | JAVIER GORDO | | • |
| ijāli das Hņe | 300 NE 2ND AVE | | |
| Address | MIAMI, FL 33132 | | • |
| Martin | | | - |
| | The state of the s | · | - |
| | The state of the s | | •• |
| B, DP) | TENERAL CONTROL OF THE CONTROL OF TH | 黄 | BIN. |
| is suines | The state of the s | | . <u>S</u> |
| Adams: | | ~~ | Z :: |
| | | 7 | |
| Vict Pro | ideals: | PH 12: | |
| Addense | ST, M. (BUSTIS) AND STORM STOR | <u></u> | |
| | | | fre . |
| Sourceary | · | | _ |
| Address: | | | _ |
| T ecasure | | | |
| 4,607654 | | | - |
| | If necessary, you may attach an additionan to the application listing additional officers and/or directors, | | |
| 13 | (for Sold) | | _ |
| The office | Signature of Director or Officer er or director organing this document (and who is fished in number 12 above) affirms that the facts stated | luneals) | _ |
| ME LUTE | and that he or she is aware that false information submitted in a document to the Department of State no egges felony as provided for in s.817.155. F.S. | tustituses | |
| | VIER GORDO, | | |
| | (Typed or printed name and capacity of person signing application) | | |

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GORDO MANAGEMENT CORP" 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 THIRD DAY OF JUNE, A.D. 2014.

5544685

140789230

DATE: 06-03-14