

14000003835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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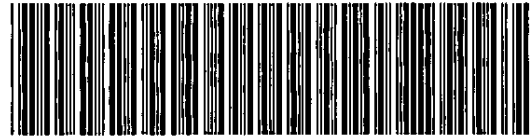
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** American Management and Administration Corp.

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:

Euribiades Cerrud II, Esq.

Name of Person

Pesquera, Cerrud & Birmingham P.A.

Firm/Company

219 North Magnolia Avenue

Address

Orlando, Florida 32801

City/State and Zip code

Euri@thePCBfirm.com

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

For further information concerning this matter, please call:

Euribiades Cerrud II, Esq. at ( 407 ) 545-5351

Name of Person

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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. American Management and Administration Corporation

(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. Puerto Rico

(State or country under the law of which it is incorporated)

3. 66-0521493

(FEI number, if applicable)

4. March 17, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

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

7. 920 Spring Park Street, 10-201, Celebration, FL 34747

(Principal office address)

PO Box 21487, San Juan, PR 00928-1487

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Pesquera Cerrud & Birmingham, P.A.

Office Address: 219 North Magnolia Avenue

Orlando

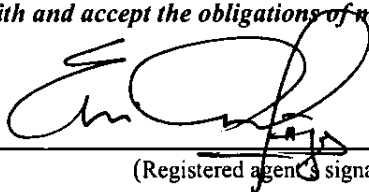
(City)

, Florida 32801

(Zip code)

9. 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)

10. 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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Walter Pierluisi-Isern

Address: #1 Bromelia Street, Parque de Bucare, Guaynabo, PR 00969

Vice President: Marcia Gonzalez-Coya Fernandez

Address: #1 Bromelia Street, Parque de Bucare, Guaynabo, PR 00969

Secretary: Eduardo Pierluisi-Isern

Address: #1 Bromelia Street, Parque de Bucare, Guaynabo, PR 00969

Treasurer: Walter Pierluisi-Isern

Address: #1 Bromelia Street, Parque de Bucare, Guaynabo, PR 00969

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

12. \_\_\_\_\_

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.

13. Walter Pierluisi-Isern, President

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

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STATE  
OFFICE  
TALLAHASSEE, FLORIDA



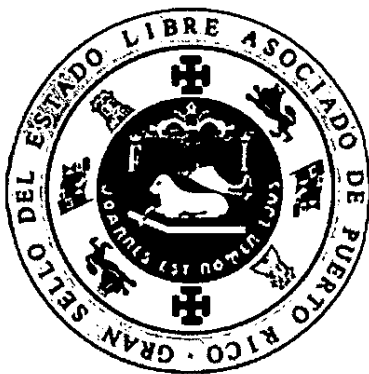
Commonwealth of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

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SECRETARY OF STATE  
ALL EMBASSIES, FLORIDA

## CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **AMERICAN MANAGEMENT AND ADMINISTRATION CORPORATION**, register number **89232**, a **for profit domestic** corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **August 21, 2014**.

**DAVID E. BERNIER RIVERA**  
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 19-Nov-2014.

Certificate Validation Number: **85024-79194367**



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DEPARTAMENTO DE ESTADO  
SAN JUAN, PUERTO RICO 00904

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SECRETARY OF STATE  
ALL AMBASSY FLORIDA

Yo, LOURDES I. DE PIERLUISI, Secretaria Auxiliar de  
Estado del Estado Libre Asociado de Puerto Rico,

CERTIFICO : Que "AMERICAN MANAGEMENT AND  
ADMINISTRATION CORPORATION", registro 89,232, es una  
corporación con fines de lucro organizada bajo las leyes de  
Puerto Rico, el 17 de marzo de 1995, a las 2:24 p.m.

EN TESTIMONIO DE LO CUAL, firmo la  
presente y estampo en ella el Gran  
Sello del Estado Libre Asociado de  
Puerto Rico, en la Ciudad de San  
Juan, hoy diecisiete de marzo de mil  
novecientos noventa y cinco.

Lourdes I. de Pierluisi  
Secretaria Auxiliar de Estado