## F14000004285

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	idress)	
	·	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	ly



100265175561

10/08/14--01004--022 \*\*78.75

14 801 -8 AETH 28

x 10/10/14

## **COVER LETTER**

	New Filing S Division of G	Section Corporations				
SUBJE	CT. US	CU ENTER	PRISES	, CO.		
Name of corporation - must include suffix						
Dear Sir	or Madam:					
"Certific	ate of Existe		e of Good Sta	Authorization to Transanding" and check are subsess in Florida.		
Please re	eturn all corr	respondence concer	ning this matte	r to the following:		
Jann	y Lope:	Z				
			Name of	Person		
USC	U Ente	rprises, Co.				
			Firm/Cor	npany		
1201	Bricke	II Ave, Suite	230			
	,		Addr	ess	<del></del>	
Mian	ni FL 33	3131 .				
			City/State a	and Zip code		
custo	merserv	vice@saggio	realty.cor	n		
		E-mail addres	ss: (to be used	for future annual report	notification)	
For furth	ner informati	on concerning this	matter, please	call:		
Felix	Lopez		at (239	, 825.5263		
	Name of Per	rson	Area	) <mark>825.5263</mark> Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed	d is a check f	for the following an	nount:			
\$70.0	00 Filing Fee	\$78.75 Fili Certificate		\$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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "CON	1PANY," "CORPORATI	ON,"
(If name unavaila	ble in Florida, enter alternate corporate nar	-	for the purpose of transac	ting business in Florida)
<i>L</i> ,	under the law of which it is incorporated)		(FEI number, if  Perpetual  ion: Year corp. will cease	••
(Date 6. 01/01/201		(Durat	ion: Year corp. will cease	to exist or "perpetual")
' ' <del></del>	(SEE SECTIONS 607.1501 & 607 Astern Ave Las Vegas N (Principal office a rell Ave Suite 230 Miami F	V 8910 ddress) L 3313	04	, and the second
8. Name and <u>stree</u> Name:	(Current mailing a taddress of Florida registered agent: (  Janny Lopez		NOT acceptable)	FILED  14 OCT -8 M  SECHLISSON OF THE SECHLISSON
Office Address:	1201 Brickell Ave Suite Miami		Florida 33131 (Zip code)	ED  8 MII: 26
	(City)		(Zip code)	26

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: Janny Lopez	
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	
Vice Chairman: Janny Lopez	
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	
Director: Janny Lopez	
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	
Director: Janny Lopez	
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	- <del> </del>
B. OFFICERS	
President: Janny Lopez	Co T
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	11 11 28 1 12 28
Vice President: Janny Lopez	
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	
Secretary: Janny Lopez	
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	
Treasurer: Janny Lopez	<del></del>
Address: 1201 Brickell Ave Suite 230, Miami FL 33131	
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirm are true and that he or she is aware that false information submitted in a document to the D a third degree felony as provided for in s.817.155, F.S.	Pepartment of State constitutes
13. Tanny Lopez, President (Typed or printed name and capacity of person signing application	n)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **USCU ENTERPRISES**, **CO**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 22, 2009, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20141005-0077
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 5, 2014.

ROSS MILLER Secretary of State TILEU

14 OCT -8 MIN: 26

SECRETALIST TANE

MINISTER HISROA

4111 14 23

. ....