

F14000005110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

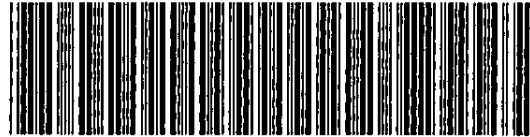
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TALLAHASSEE, FLORIDA

NOV 26 2014

S. GILBERT

W14-
68639

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Capex Financial Company, 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:

Fernando Machuca Dosal

Name of Person

Capex Financial Company, Inc.

Firm/Company

P.O. Box 193064

Address

San Juan, Puerto Rico 00919-3064

City/State and Zip code

fmachuca@capexfinancialpr.com

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

For further information concerning this matter, please call:

Fernando Machuca at (787) 723-4050

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 type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2014

FERNANDO MACHUCA DOSAL
P.O. BOX 193064
SAN JUAN, PUERTO RICO, 00919-3064

SUBJECT: CAPEX FINANCIAL COMPANY, INC.
Ref. Number: W14000068039

We have received your document for CAPEX FINANCIAL COMPANY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 014A00024010

**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. **Capex Financial Company, 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. **Puerto Rico**

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

3. _____

(FEI number, if applicable)

4. **July 15, 2010**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **Caribbean Cea, Apt 2203, Fernandez Ave, San Juan, Puerto Rico**

(Principal office address)

P.O. Box 193064, San Juan, Puerto Rico 00919-3064

(Current mailing address)

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

Name: **Ruth Dahlia Torres Santiago**

Office Address: **3208 Omerol Drive # 102**

Wellington

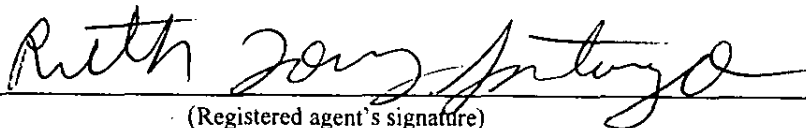
(City)

, Florida **33414**

(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.

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NOV 24 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Angel Antonio Muñoz Noya

Address: P.O. Box 364428, San Juan, Puerto Rico 00936-4428

Vice Chairman: Fernando Machuca Dosal

Address: P.O. Box 193064, San Juan, Puerto Rico 00919-3064

Director: Edwin Ramos González

Address: P.O. Box 193064, San Juan, Puerto Rico 00919-3064

Director: _____

Address: _____

B. OFFICERS

President: Fernando Machuca Dosal

Address: P.O. Box 193064, San Juan, Puerto Rico 00919-3064

Vice President: Edwin Ramos González

Address: P.O. Box 193064, San Juan, Puerto Rico 00919-3064

Secretary: Angel Antonio Muñoz Noya

Address: P.O. Box 364428, San Juan, Puerto Rico 00936-4428

Treasurer: _____

Address: _____

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

12. Angel Antonio Muñoz Noya

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. Angel Antonio Muñoz Noya

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



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

CERTIFICATE OF EXISTENCE

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

CERTIFY: That, according to our records "**CAPEX FINANCIAL COMPANY, INC.**", registration number **198104**, a **Profit** corporation organized in accordance to the laws of Puerto Rico on **July 15, 2010**, at **9:45 AM**.

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.03 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

IN WITNESS WHEREOF, I hereby sign and cause the Great Seal of the Commonwealth of Puerto Rico to be affixed on it, in the city of San Juan, today, October 8, 2014.

A handwritten signature in black ink, appearing to read 'D. Bernier'.

DAVID E. BERNIER RIVERA
Secretary of State

CORPORATE RESOLUTION

The undersigned, Angel Muñoz , of legal age, married, resident of San Juan, Puerto Rico and Secretary of the Corporation Capex Financial Company, Inc., duly organized and existing under the laws of the Commonwealth of Puerto Rico, with employer's Social Security Number 66-0761490, and Department of State registration number 198104, and as such,

I CERTIFY

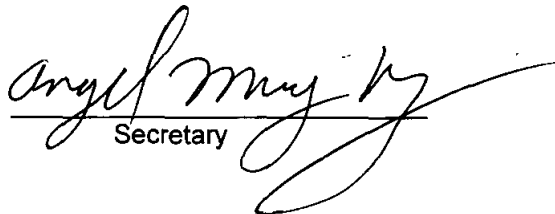
1. That I am the Secretary of Capex Financial Company, Inc., and as such have under my custody the minutes of the Board of Directors meetings of the Corporation.

2. That a meeting of the Board of Directors of the Corporation was duly convened and held at the Corporation's offices in San Juan, Puerto Rico on October 6, 2014 and in which there was quorum and the following resolution was voted and approved unanimously as follows:

The Corporation authorizes Ms. Ruth Torres Santiago to be its duly appointed agent and representative in the State of Florida, whose address is 3208 Pomerol Drive #102, Wellington, Florida 33414. Ms. Torres Santiago is authorized to submit and present before the duly authorized governmental agency all necessary documents so that the Corporation is authorized to do business in the State of Florida.

In my capacity as Secretary of the Corporation, I further certify that the above resolution has not been revoked, canceled, altered or amended in any way and remains current with all force and effect and that it was adopted in accordance to the statutory provisions of the Corporation's Certificate of Incorporation and the Law .

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 9th day of October 2014, in San Juan, Puerto Rico.


Secretary