

(Re	questor's Name)	
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————————(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(D0	cument number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COMEVECA, COI	RP			
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			!	
			: 	
				
				Art of Inc. File
				LTD Partnership File
			\	Foreign Corp. File
				L.C. File
			\	Fictitious Name File
			<u></u>	Trade/Service Mark
				Merger File
				Art. of Amend. File
			\	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
5.B.ma. 5			<u> </u>	Vehicle Search
				Driving Record
Requested by: Seth	10/00/15			UCC 1 or 3 File
Name	$\frac{10/09/15}{Dote}$	Time		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	Registration Son Division of Co					
	COMEV	ECA, CORP				
SORI	SUBJECT:					
Dear S	Sir or Madam:	•				
"Certif	ficate of Existen	tion by Foreign Corporation ce," or "Certificate of Good on corporation to transact b	Standing"	and check are sul		
Please	return all corres	pondence concerning this n	natter to the	following:		
ROXA	NNA DE GREGO	ORIO				
		Nam	e of Person	1		
BARN	ETT CAPITAL G	ROUP				
		Firm/	Company			
1450 B	BRICKELL AVEN	UE SUITE 2780				
,		A	ddress	· · · · · · · · · · · · · · · · · · ·		
MIAM	II, FL 33131					
		City/St	ate and Zip	code	<u></u>	
roxann	adegregorio@hotr	nail.com				
		E-mail address: (to be u	sed for fut	ure annual report	notification)	
For fur	ther information	concerning this matter, ple	ase call:			
ROXA	NNA DE GREGO	RIO 305		5.6400		
	Name of Perso		Code	Daytime Telep	hone Number	
	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle 32301		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclose	ed is a check for	the following amount:				
570	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	☐ \$87.50 Filing Fec, 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.

COMEVECA			
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	ļ
N/A			
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	business in Plorida)
DELAWARE		N/A	·
	ry under the law of which it is incorporated)	(FEI number, if appli	icable)
APRIL 10, 201	3	N/A	
(Date	o of incorporation) 4/30	Date of duration, if other th	an perpetual)
N/A		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
	(D.T.)	ford - 600 - a difference	
1450 BRICKELI	rrinc L AVENUE SUITE 2780 MIAMI FL 33131	ipal office address)	
		ing address, if different)	
	(ang madroof it distances	<u>, , ≅</u> ∞
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	S OCT
	ROXANNA DE GREGORIO	•	T 12
Name:	1450 BRICKELL AVENUE #2780		골목등
fice Address:	1430 BRICKELL A VENUE #2780		P 200
	MIAMI	33131 . Florida	#: 34 #: 34 #: 34 #: 34 #: 34 #: 34
	(City)	(Zip code)	F 5 6
Registered age	ent's acceptance:		273
	ed as registered agent and to accept serv	vice of process for the above stated (corporation at the place
	application, I hereby accept the appoint omply with the provisions of all statutes		
	amiliar with and accept the obligations		perjormance of my
	House Celling	UIL	
_		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 MONICA TERESITA VENGOECHEA LEON Chairman: 1450 BRICKELL AVENUE #2780 Address: MIAMI FL 33131 SAME AS ABOVE Vice Chairman: SAME AS ABOVE Address: SAME AS ABOVE Director: Address: ____ **B. OFFICERS** President: Address: Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. MONICA TERESITA VENGOECHEA LEON (Typed or printed name and capacity of person signing application)

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF "COMEVECA CORP." AS RECEIVED
AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE TENTH DAY OF APRIL,
A.D. 2013, AT 10:20 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "COMEVECA CORP.".

Authentication: 10182372

Date: 10-05-15