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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
INSPEKA MANAGEMENT GROUP, P.S.C. INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 28 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.**

INSPEKA MANAGEMENT GROUP, P.S.C. INC

1. _____
(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)
PUERTO RICO N/A

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
DECEMBER 19, 2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3030 N. ROCKY POINT DRIVE, SUITE 150A, TAMPA, FL 33607

7. _____
(Principal office address)
PO BOX 143785, ARECIBO, PUERTO RICO 00614-3785

(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.
Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: AXEL I. COLLAZO

Address: PO BOX 143785, ARECIBO, PUERTO RICO 00614-3785

Director: _____

Address: _____

B. OFFICERS

President: AXEL I. COLLAZO

Address: PO BOX 143785, ARECIBO, PUERTO RICO 00614-3785

Address: _____

Vice President: _____

Address: _____

Secretary: AXEL I. COLLAZO

Address: PO BOX 143785, ARECIBO, PUERTO RICO 00614-3785

Address: _____

Treasurer: AXEL I. COLLAZO

Address: PO BOX 143785, ARECIBO, PUERTO RICO 00614-3785

Address: _____

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 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, P.S.

AXEL I. COLLAZO, PRESIDENT

13. _____

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

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TALLAHASSEE, FLORIDA



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

CERTIFICATE OF GOOD STANDING

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

CERTIFY: That, **INSPEKA MANAGEMENT GROUP, P.S.C.**, register number **307110**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **December 19, 2011**, 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, **October 27, 2015**.

DAVID E. BERNIER RIVERA
Secretary of State

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

This certificate can be validated an unlimited number of times before its expiration date of 26-Oct-2016.

Certificate Validation Number: **137105-68876025**