

DECEMBER 01 09 PM FAX NO. 5321 P. 003
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : HISPANUSA INC
Account Number : I20070000099
Phone : (954)478-2706
Fax Number : (954)934-0334

****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
LASC CORP

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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15 DEC -2 PM 3:42
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2015 DEC -2 A 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02/2015/WED 01:03 PM

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P.002

850-617-6381

11/30/2015 10:48:40 AM PAGE 1/001 Fax Server



November 30, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HISPANUSA INC

SUBJECT: LASC TRADING CORP
REF: W15000071559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

NEED DELAWARE SHORT FORM GOOD STANDING CERTIFICATE

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000254569
Letter Number: 115A00024924

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LASC TRADING 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:

VICENTE LUIS MOLINA

Name of Person

LASC CORP

Firm/Company

501 SILVERSIDE ROAD - SUITE 105

Address

WILMINGTON - DELAWARE - 19809

City/State and Zip code

vlmolina@lasc.com.ar

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

For further information concerning this matter, please call:

VICENTE L. MOLINA

302 543-2332
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

LASC CORP.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LASC TRADING CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 35-2522073
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DEC. 11, 2014 5. N/A
(Date of incorporation) (Date of duration, if other than 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. ING. LUIGGI 87. (CP.8000). CITY: BAHIA BLANCA - BUENOS AIRES - ARGENTINA
(Principal office address)

(Current mailing address, if different)

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

Name: RUTH CHAVERRA

Office Address: 1919 N. STATE RD 7 SUITE 201

MARGATE, Florida 33063
(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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2015 DEC -2 A 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORSChairman: MAURO DANIEL BOLOGNINIAddress: ING. LUIGGI 87. (CP. 8000). CITY: BAHIA BLANCA. STATE: BUENOS AIRES. COUNTRY: ARGENTINA.Vice Chairman: VICENTE LUIS MOLINAAddress: ING. LUIGGI 87. (CP. 8000). CITY: BAHIA BLANCA. STATE: BUENOS AIRES. COUNTRY: ARGENTINA.

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: MAURO DANIEL BOLOGNINIAddress: ING. LUIGGI 87. (CP. 8000). CITY: BAHIA BLANCA. STATE: BUENOS AIRES. COUNTRY: ARGENTINA.Vice President: VICENTE LUIS MOLINAAddress: ING. LUIGGI 87. (CP. 8000). CITY: BAHIA BLANCA. STATE: BUENOS AIRES. COUNTRY: ARGENTINA.

Secretary: _____

Address: _____

Treasurer: _____

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, F.S.

VICENTE LUIS MOLINA - VICEPRESIDENTE

13. _____

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

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2015 DEC - 2 A 10: 21
DEPARTMENT OF STATE
AMEMBASSY, FLORIDA

Delaware

Page 1

The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LASC CORP." IS DULY INCORPORATED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE SEVENTH DAY OF NOVEMBER, A.D. 2015.*



5656430 8300

SR# 20150763529

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10383476

Date: 11-07-15