

F16000003413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

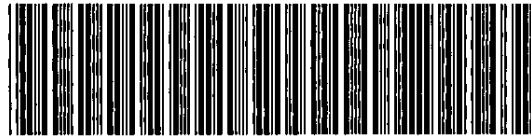
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8/2/16 Q5

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FPC EXPRESO, 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:

ANNETTE TAVAREZ

Name of Person

AT ACCOUNTING SOLUTIONS, INC.

Firm/Company

PO BOX 1297

Address

RIVERVIEW FL 33568

City/State and Zip code

ACCTOGO@MSN.COM

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

For further information concerning this matter, please call:

ANNETTE TAVAREZ

Name of Person

at (813 ) 413-1029

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

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**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. FPC EXPRESO, 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. 66-0626023

(FEI number, if applicable)

4. APRIL 25, 2003

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. NO TRANSACTIONS

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

7. PO BOX 6017 CAROLINA PR 00984

(Principal office address)

Ave. Monserrate ESQ. MAin CALderon villa Carolina  
Carolina P.R. 00984

P.O. Box 6017 Carolina P.R. 00984

(Current mailing address, if different)

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

Name: ANNETTE TAVAREZ

Office Address: 9320 SUNNYOAK DR

RIVERVIEW FL

(City)

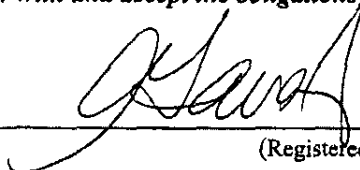
, Florida 33569

(Zip code)

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TALLAHASSEE, FLORIDA

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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: JOSE TAVAREZ VEGA

Address: P.O. Box 6017 Carolina P.R. 00984

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: LUIS G COLON VELEZ

Address: P.O. Box 6017 Carolina P.R. 00984

Treasurer: LUIS G COLON VELEZ

Address: P.O. Box 6017 Carolina P.R. 00984

**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.

13. JOSE TAVAREZ Vega President

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

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

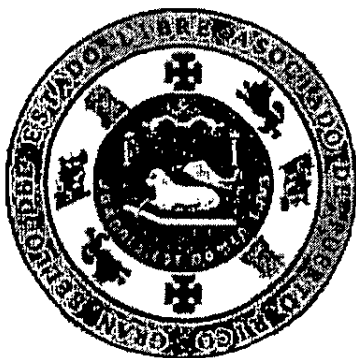
## CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, **FPC EXPRESO, INC.**, registry number **135228**, is a **domestic for profit close corporation**, organized on **April 25, 2003**, in accordance to the General Corporations Law, as amended.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**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, **July 5, 2016**.

**VÍCTOR A. SUÁREZ MELÉNDEZ**  
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 05-Jul-2017.

Certificate Validation Number: **168519-10873668**