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S. Apple

COVER LETTER

	Registration Section Division of Corpora				
SUBJE	CT: AMERIOLEU	M INC			
			orporation -	must include suffix	
Dear Sir	or Madam:				
"Certific		or "Certificate of	Good Stand	ing" and check are sub	ct Business in Florida," omitted to register the
Please re	eturn all correspond	ence concerning	his matter t	o the following:	
NESTOR	L GUILLEN				
			Name of Po	erson	
GUILLE	N SERRANO & ASS	SOCIATES			
			Firm/Comp	any	
2250 SW	3RD AVE STE 150				
			Addres	S	
MIAMI,	FLORIDA 33129				
		Ci	ity/State and	l Zip code	
INFO@C	GUILLENSERRANC	.COM			
	i	E-mail address: (to	be used fo	r future annual report i	notification)
For furth	er information con	cerning this matte	r, please ca	ll:	
NESTOR	L GUILLEN	at (305	831-4093	
	Name of Person		Area Code	Daytime Telep	hone Number
] 	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Fallahassee, FL 32	ntions nter Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed	l is a check for the	following amount	:		
\$70.0	00 Filing Fee	\$78.75 Filing Fe Certificate of St		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2016

NESTOR L GUILLEN GUILLEN SERRANO & ASSOCIATES 2250 SW 3RD AVE STE 150 MIAMI, FL 33129

SUBJECT: AMERIOLEUM INC. Ref. Number: W16000064086

15 00T 12 PH 3: 48

We have received your document for AMERIOLEUM INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$78.75.

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.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00019836

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 INC		
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting be	usiness in Florida)
TEXAS	3. 8	1-3215070	
(State or country	y under the law of which it is incorporated)	(FEI number, if applic	able)
06/29/2016	5.		
(Date	of incorporation)	(Date of duration, if other than	n perpetual)
·			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
5813 N. ANDR	EWS WAY, FORT LAUDERDALE, FL 33309		_
	(Principal	office address)	
	(Current mailing	1.1 (0.1)00 (3)	
	(Content maining	address, if different)	
N. 1.		,	
. Name and stree	et address of Florida registered agent: (P.O.	,	-1 ∵
. Name and <u>stree</u> Name:		Box NOT acceptable)	16 GC
Name:	et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES	Box NOT acceptable)	16 GCT
Name:	et address of Florida registered agent: (P.O.	Box NOT acceptable)	607.12 607.12
Name:	et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150 MIAMI	Box NOT acceptable) C. , Florida 33129	N4 81 139
Name:	et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150	Box <u>NOT</u> acceptable)	N4 81 139
Name: office Address: Registered ag	et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES 2250 SW 3RD AVE, STE 150 MIAMI (City) ent's acceptance:	Box NOT acceptable) CC , Florida 33129 (Zip code)	007 12 PM 3: 47
Name: office Address: Registered aglaving been name	City) et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150 MIAMI (City) ent's acceptance: seed as registered agent and to accept services	Box NOT acceptable) ———————————————————————————————————	orporation at the place
Name: office Address: Registered aglaving been namesignated in this	City) et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150 MIAMI (City) ent's acceptance: sed as registered agent and to accept services application, I hereby accept the appointment.	Box NOT acceptable) C	orporation at the place to act in this capacity.
Name: Office Address: Registered aglaving been namesignated in this	City) et address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150 MIAMI (City) ent's acceptance: seed as registered agent and to accept services	Box NOT acceptable) C	orporation at the place to act in this capacity.
Name: Office Address: Registered aglaving been namesignated in this	Ct address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150 MIAMI (City) ent's acceptance: ded as registered agent and to accept services application, I hereby accept the appointment omply with the provisions of all statutes rel	Box NOT acceptable) C	orporation at the place to act in this capacity.
Name: office Address: Registered aglaving been namesignated in this arther agree to contact the surther agree to contact the surth	Ct address of Florida registered agent: (P.O. GUILLEN SERRANO & ASSOCIATES L 2250 SW 3RD AVE, STE 150 MIAMI (City) ent's acceptance: ded as registered agent and to accept services application, I hereby accept the appointment omply with the provisions of all statutes rel	Box NOT acceptable) C	orporation at the place to act in this capacity. performance of my

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: ALFONSO KARAM		
Address: 5813 N. ANDREWS WAY, F. LAUDERDALE, FL 33309		
		
Vice Chairman: JOSE RAFAEL HERNANDEZ		
Address: 5813 N. ANDREWS WAY, F. LAUDERDALE, FL 33309		
Director:		·····
Address:		
Director:		
Address:		

B. OFFICERS		
President: ALFONSO KARAM		
Address: SAME AS ABOVE		
	<u>5</u>	
Vice President: JOSE RAFAEL HERNANDEZ	—————————————————————————————————————	11.4.4
Address: SAME AS ABOVE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Secretary: ALFONSO KARAM	ಲ್ಲಿ	
Address: SAME AS ABOVE	47	_=: ; ; ; .
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing addition	nal 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	d herein
are true and that he or the is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.	the Department of State co	nstitutes
13 ALEONSO KARAM PRESIDENT		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Americleum Inc. (file number 802490159), a Domestic For-Profit Corporation, was filed in this office on June 29, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 05, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State