

F17000005A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

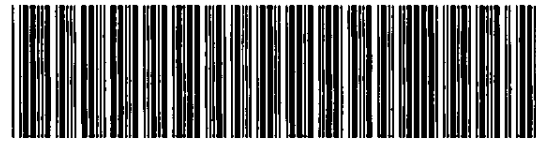
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*W17-3885
name suffix*

Office Use Only



900293877289

01/13/17--01018--016 **70.00

SECTION 17 JAN 30 AM 11:37

FILED

O SIMMONS
FEB 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2017

OSCAR GARCIA
212 NE 24TH ST, STE 4
MIAMI, FL 33137

SUBJECT: FRUITSOLUTIONS LTD.
Ref. Number: W17000003815

RECEIVED
2017 JAN 30 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FRUITSOLUTIONS LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return the corrected original and one copy of 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.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 117A00000948

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. FRUITSOLUTIONS LTD. 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. DELAWARE 3. 26-1340288 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/16 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. 12/15/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 212 NE 24TH ST., SUITE 4 MIAMI, FL 33137 (Principal office address)

(Current mailing address, if different)

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

Name: OSCAR GARCIA Office Address: 212NE 24TH ST., SUITE 4 MIAMI, Florida 33137 (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.

FILED 17 JAN 30 AM 11:37

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

A. DIRECTORS

Chairman: OSCAR GARCIA
212 NE 24TH ST., SUITE 4
Address: MIAMI, FL 33137

Vice Chairman:
Address:

Director:
Address:

Director:
Address:

FILED
17 JAN 30 AM 11:37
TAMPA, FL

B. OFFICERS

President: OSCAR GARCIA
212 NE 24TH ST., SUITE 4
Address: MIAMI, FL 33137

Vice President:
Address:

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.

13. OSCAR GARCIA, PRESIDENT

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

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRUITSOLUTIONS LTD." 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 THIRD DAY OF JANUARY, A.D. 2017.




Jeffrey W. Bullock, Secretary of State