(Re	questor's Name)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)	-		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
W16-827	23			

Office Use Only



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MAR 16 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2017

GUSTAVO TORRES DECOS CPA GUSTAVO TORRES DECOS 7 N VERNON AVE KISSIMMEE, FL 34741

SUBJECT: ORIGAMI INTERAMERICA CORPORATION

Ref. Number: W16000082723

We have received your document for ORIGAMI INTERAMERICA CORPORATION 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 717A0000#887

HAR IS PM 12: 4

Completed and Market 3/10/2017

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2016

GUSTAVO TORRES DECOS CPA GUSTAVO TORRES DECOS 7 N VERNON AVE KISSIMMEE, FL 34741

SUBJECT: ORIGAMI INTERAMERICA CORPORATION

Ref. Number: W16000082723

We have received your document for ORIGAMI INTERAMERICA CORPORATION, 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 \$70.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 716A00026291

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Origami Interamerica Co						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standing	" and check are sub				
Please return all correspondence concerning	this matter to th	e following:				
Gustavo Torres Decos			F. 62			
	Name of Perso	ก				
CPA Gustavo Torres Decos						
Firm/Company		(i) - (i)				
7N Vernon Ave.						
	Address		C o Fig			
Kissimmee, FI 34741			12 T2			
C	City/State and Zi	p code	<u> </u>			
gtorres@cpatorres.com						
E-mail address: (t	o be used for fu	ture annual report r	notification)			
For further information concerning this matter	er, please call:					
Gustavo Torres	(407)_	913-9611				
Name of Person	Area Code	Daytime Telepl	hone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations			
Enclosed is a check for the following amoun	t:					
\$78.75 Filing Fee Certificate of S		3.75 Filing Fee & stiffed 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.

(If name unavailal	ble in Florida, enter	r alternate corporate name ado	pted for the purpose of transac	eting business in Florida)
2. <u>Delaware</u>	under the law of w	3	(FEI number, if	`anuliashla\
				аррисаоте)
4. Oct/20/201	l 1 of incorporation)	5	perpetual (Date of duration, if oth	ner than perpetual)
	isiness transac		,	,
0. <u>174 110 b</u> 0	(Date	first transacted business in Fl		Lillan
8615 Com	modity Circle		, F.S., to determine penalty lia	onity)
7	Thousty Circle	Suite 15 Orlando, FI	office address)	
		(c.mp		
		(Current mailing a	ddress, if different)	ZIII HAR
				>: 55
8. Name and street		da registered agent: (P.O. E	Box NOT acceptable)	တ်
8. Name and <u>street</u> Name:		da registered agent: (P.O. E Bu det	Box NOT acceptable)	Co man
	Carlos		Box NOT acceptable)	တ်
Name:	Carlos	Budet		SEE S
Name:	8615 Comm	Budet	Box NOT acceptable) , Florida 32819 (Zip code)	IS A 9-1

under the law of which it is incorporated.

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

A. DIRE	CTORS						
Chairman:	Lausell, Miguel Sr.						
Address: _	PO Box 362888						
_	San Juan, Puerto Rico 00936-2888						
Vice Chair	man:						
Address: _							
	Dudet Carles Ca		<u></u>				
_	Budet, Carlos, Sr						
Address: _	PO Box 362888 San Juan, PR 00936-2888						
-							
Director: _	Rivera, Ricardo, Sr.	·	<u>.</u>				
Address: _	PO Box 362888	- 		<u>.</u>			
_	San Juan, PR 00936-2888		···=	· · · · · · · · · · · · · · · · · · ·			
B. OFFI	CERS						
President:	Budet, Carlos, Sr.	<u></u>					
Address: _	PO Box 362888						
_	San Juan, PR 00936-2888		2017				
Vice Presid	Rivera, Ricardo, Sr.	5.	35	77			
Address: _	PO Box 362888	SET SET	<u> </u>	-			
	San Juan, PR 00936-2888	7.	D				
Secretary:		75	 				
Address: _			<u>.</u>				
Treasurer:							
Address: _			·				
NOTE: 1	necestary you may attach an addendum to the application listing additional office	ers and/o	or direct	ors.			
The office are true ar	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms ad that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	partment	of State	constitutes			
13	(Typed or printed name and capacity of person signing application)	nd d	lire de	<u>γ·</u>			
	(Typed or printed name and capacity of person signing application)						

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORIGAMI INTERAMERICA CORPORATION" 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 TWENTY-FIFTH DAY OF OCTOBER,

A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORIGAMI

INTERAMERICA CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF

OCTOBER, A.D. 2011.

Authentication: 203125009

Date: 10-25-16