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## COVER LETTER

TO: Registration Section	
Division of Corporations	
GUILLEN BUSINESS CENTER, INC. SUBJECT:	
- <b>-</b>	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matter MILAGROS MERCEDES GUILLEN	r to the following:
Name of GULLEN BUSINESS CENTER, INC.	Person
Firm/Con 4891 SW 5th TERRACE	npany
Addr	ess
CORAL GABLES, FL 33134	
City/State a	and Zip code
guillenbusiness@hotmail.com	and Zip Code
F-mail address: to be used	for future annual report notification)
E man address, (to be used	to rature annual report nonneation)
For further information concerning this matter, please	call:
MILAGROS MERCEDES GUILLEN 718	877-6363
at (	_)
	e Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	1 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. GUILLEN BUSINESS CENTER, 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) 26-4394419 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4891 SW 5th TERRACE, CORAL GABLES, FL 33134 (Principal office address) (Current mailing address, if different) . 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MILAGROS MERCEDES GUILLEN Name: 4891 SW 5th TERRACE Office Address: CORAL GABLES (City) 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.

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: \_\_ **B. OFFICERS** MILAGROS MERCEDES GUILLEN President: 4891 SW 5th TERRACE Address: CORAL GABLES, FL 33134 MILAGROS MERCEDES GUILLEN Vice President: 4891 SW 5th TERRACE Address: CORAL GABLES, FL 33134 MILAGROS MERCEDES GUILLEN Secretary: 4891 SW 5th TERRACE, CORAL GABLES, FL 33134 Address: MILAGROS MERCEDES GUILLEN Treasurer: 4891 SW 5th TERRACE, CORAL GABLES FL 33134 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Cluby Smulen 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. MILAGROS MERCEDES GUILLEN, PRESIDENT

13. \_\_\_\_

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GUILLEN BUSINESS CENTER, INC. was filed on 02/27/2009, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\* \* \*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of July two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State