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(1/6) 10/05/2017 10:03:40 AM -0400

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10/3/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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17 OCT -5 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Garota, Inc.

Certificate of Status	0
Certified Copy	0
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(2/6) 10/05/2017 10:04:17 AM -0400

850-617-6381

10/5/2017 9:51:59 AM PAGE 1/001 Fax Server



October 5, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: SOY GAROTA
REF: W17000078516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

DOCUMENT CAN NOT BE PROCESSED UNLESS THE ENTIRE THING IS REFAXED, FAX COVER SHEET, COVER SHEET, LETTER, APPLICATION AND CERTIFICATE

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.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: B17000259729
Letter Number: 717A00020123

2017 OCT -5 AM 10:39
TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAROTA, 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:

ERICA ROACH

Name of Person

ERK FINANCIAL CONSULTANTS, INC

Firm/Company

320 ARDEN AVE., STE 230

Address

GLENDAL, CA 91203

City/State and Zip code

ERICA@ERKFC.COM

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

For further information concerning this matter, please call:

ERICA ROACH

818

649-3940

at ()

Name of Person

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.

GAROTA, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SOY GAROTA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

CALIFORNIA

46-3591977

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

8/27/13

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

Dolphin Mall, Local 162, 11401 NW 12th Street, FL 33172

7. _____
(Principal office address)

942 E 12TH STREET, LOS ANGELES, CA 90021

(Current mailing address, if different)

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

Name: Alejandro Guerrero

11401 NW 12th Street

Office (~~Address~~) _____

Miami

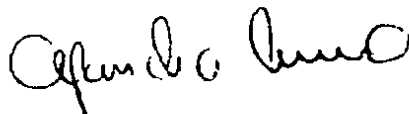
33172

(City)

, Florida _____
(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 OCT -5 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ALEJANDRO GUERRERO
772 AMERICANA WAY, UNIT M351
Address: GLENDAL, CA 91210

Vice Chairman: _____
Address: _____

Director: CAROLINA GUERRERO
772 AMERICANA WAY, UNIT M351
Address: GLENDAL, CA 91210

Director: _____
Address: _____

B. OFFICERS

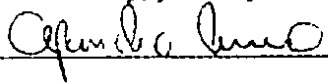
President: ALEJANDRO GUERRERO
772 AMERICANA WAY, UNIT M351
Address: GLENDAL, CA 91210

Vice President: CAROLINA GUERRERO
772 AMERICANA WAY, UNIT M351
Address: GLENDAL, CA 91210

Secretary: _____
772 AMERICANA WAY, UNIT M351, GLENDAL, CA 91210
Address: _____

Treasurer: ALEJANDRO GUERRERO
772 AMERICANA WAY, UNIT M351, GLENDAL, CA 91210
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. ALEJANDRO GUERRERO -PRESIDENT
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GAROTA, INC.

FILE NUMBER: C3597743
FORMATION DATE: 08/27/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 27, 2017.

ALEX PADILLA
Secretary of State