## F1800000998

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J. LEGGETT FEB 2 8 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
CHIDI	ZEDRA	CORPORATE SERVI	CES, INC.			
SUDI	ECT:	Name of	corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Exister		f Good Stan	Authorization to Transac ding" and check are sub- ss in Florida.		
	return all corre AS ALONSO	spondence concerning	this matter	to the following:		
			Name of I	Person		
ZEDR	A CORPORATE	SERVICES, INC.				
201 SC	OUTH BISCAYN	E BOULEVARD, SUI	Firm/Com FE 2884	pany		
			Addre	ss		
MIAM	II, FL 33131			_		
TOMA	AS.ALONSO@ZI		City/State ar	nd Zip code		
		E-mail address: (	to be used f	or future annual report n	otification)	
For fu	rther informatio	n concerning this mat	ter, please c	all:		
VICK	Y CASTRO		305	704-6735		
-	Name of Pers	on at	Area Code	: Daytime Teleph	none Number	
	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	rporations	
Enclos	sed is a check fo	r the following amou	nt:			
<b>\$</b> \$70	0.00 Filing Fee	S78.75 Filing I Certificate of		\$78.75 Filing Fee & Certified 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transact	ting business in Florida)	
2		3		
(State or countr DECEMBER 9.	y under the law of which it is incorporated)	(FEI number, if applicable)		
4 <u></u> _	·	5	<u></u>	
(Date	e of incorporation)	(Date of duration, if oth	er than perpetual)	
6. <b>MA</b>	CH 1ST, 2017			
201 SOUTH BIS	·	s in Florida, if prior to registration) .1502, F.S., to determine penalty liab MI, FL 33131	pility)	
/	(Principal office address)			
			: <u>न</u> ग	
<del> </del>	(Current ma	iling address, if different)	27 M	
8. Name and stree	et address of Florida registered agent: (1	P.O. Box NOT acceptable)	,	
Name:	TOMAS ALONSO		전 전 전 5 6 5 6 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Office Address:	201 SOUTH BISCAYNE BLVD, SUITE	E 2884		
	MIAMI	33131 , Florida		
	(City)	(Zip code)		

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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address: 201 SOUTH BISCAYNE BLVD, SUITE 2884
MIAMI, FL 33131
TOMAS ALONSO Vice President:
201 SOUTH BISCAYNE BLVD, SUITE 2884 Address:
MIAMI, FL 33131
TOMAS ALONSO Secretary:
201 SOUTH BISCAYNE BLVD, SUITE 2884, MIAMI, FL 33131 Address:
Freasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors
2. 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 hereign
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 constitute third degree felony as provided for in s.817.155, F.S.
3. Tomas Alonso, Secretary  (Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "ZEDRA CORPORATE SERVICES, INC." 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-FIRST DAY OF

FEBRUARY, A.D. 2018.

The state of the s

Authentication: 202191250

Date: 02-21-18