

FE00001131

(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:

Office Use Only



700308297107

01/23/16--01017--029 **70.00

FILED
2016 MAR -5 PM 2:58
CLERK OF COURT
CLERK OF COURT

2/8/16 SC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2018

FERNANDA LOLA
535 E SAMPLE RD
POMPANO BEACH, FL 33064

SUBJECT: SARAIVA EXPRESS, INC.
Ref. Number: W18000009654

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

Please write the name listed on the certificate on #1 of the application. And write the alternate name "Saraiva Safeway, Inc." on #2 of application.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 018A00003642

**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.

SARAIVA EXPRESS, INC.

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

SARAIVA SAFEWAY, INC.

- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
MASSACHUSETTS, US 20-8605773
2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
03/08/2007 12/31/2017
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01/01/2018
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7200 NW 2ND AVE #92, BOCA RATON/ FL 33487

7. _____
(Principal office address)

(Current mailing address, if different)

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

JUBER SARAIVA

Name: _____

7200 NW 2ND AVE #92

Office Address: _____

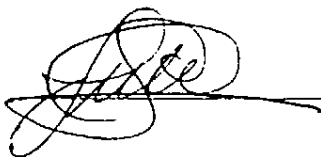
BOCA RATON

33487

_____, Florida _____
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

JUBER SARAIVA

President: _____

7200 NW 2ND AVE #92

Address: _____

BOCA RATON/ FL. 33487

BRIAN SARAIVA

Vice President: _____

7200 NW 2ND AVE #92

Address: _____

BOCA RATON/FL, 33487

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.

JUBER SARAIVA

13. _____

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 16, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that

SARAIVA EXPRESS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **March 8, 2007**.

I also certify that so far as appears of record here, said corporation still has legal existence.

RECEIVED
JAN 17 2018
SECRETARY OF THE COMMONWEALTH



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 16, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

SARAIVA EXPRESS, INC.

is a domestic corporation organized on **March 8, 2007**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

RECEIVED
JAN 17 2018
SECRETARY OF THE COMMONWEALTH
JAN 17 2018



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth