

F18000001734

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

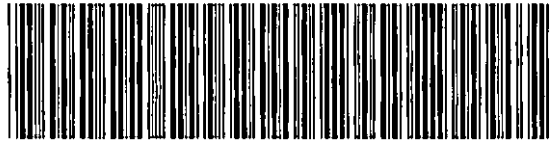
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. LEGGETT  
APR 12 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2018

EDWIN PRADO, ESQ  
518 PEACHTREE RD  
ORLANDO, FL 32804 US

SUBJECT: BUFETE PRADO, NUNEZ & ASOCIADOS, C.S.P.  
Ref. Number: W18000029037

We have received your document for BUFETE PRADO, NUNEZ & ASOCIADOS, C.S.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 518A00006043

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2018 APR 12 AM 11:06  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
BUFETE PRADO, NUÑEZ & ASOCIADOS, C.S.P. Profit Domestic Corporation

**SUBJECT:** \_\_\_\_\_  
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:  
Edwin Prado, Esq

\_\_\_\_\_  
Name of Person  
BUFETE PRADO, NUÑEZ & ASOCIADOS, C.S.P.

\_\_\_\_\_  
Firm/Company  
2572 Robert Trent Jones Dr Apt 1220

\_\_\_\_\_  
Address  
Orlando, FL 32835

\_\_\_\_\_  
City/State and Zip code  
pradolaw10@gmail.com

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

For further information concerning this matter, please call:

Yahaira Cordero Gonzalez      407      779-2183  
\_\_\_\_\_  
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:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$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.*

BUFETE PRADO, NUÑEZ & ASOCIADOS, C.S.P. Profit Domestic Corporation

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

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Puerto Rico 66-0595946

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

April 19, 2011

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)

518 Peachtree Rd, Orlando, FL 32804

7. \_\_\_\_\_  
(Principal office address)  
2572 Robert Trent Jones Dr Apt 1220, Orlando, FL 32835

\_\_\_\_\_  
(Current mailing address, if different)

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

Yahaira Cordero Gonzalez

Name: \_\_\_\_\_

518 Peachtree Rd

Office Address: \_\_\_\_\_

Orlando

32835

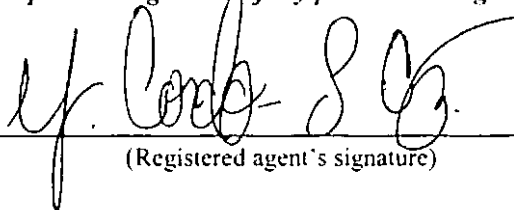
\_\_\_\_\_, Florida \_\_\_\_\_

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 APR 12 PM 4:20

FILED

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

**A. DIRECTORS**

Chairman: Edwin Prado, Esq.  
403 Del Parque St. 8th Floor San Juan, P.R. 00912  
Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

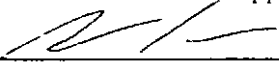
President: Edwin Prado, Esq.  
403 Del Parque St. 8th Floor San Juan, P.R. 00912  
Address: \_\_\_\_\_

Vice President: N/A  
Address: \_\_\_\_\_

Secretary: Edwin Prado, Esq.  
403 Del Parque St. 8th Floor San Juan, P.R. 00912  
Address: \_\_\_\_\_

Treasurer: Edwin Prado, Esq.  
403 Del Parque St. 8th Floor San Juan, P.R. 00912  
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. Edwin Prado, Esq. (Chairman & President)  
(Typed or printed name and capacity of person signing application)



Government of Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **LUIS G. RIVERA MARÍN**, **Secretary of State** of the Government of Puerto Rico,

**CERTIFY:** That, **BUFETE PRADO, NUÑEZ & ASOCIADOS, C.S.P.**, register number 1715, a for profit domestic corporation, organized under the laws of Puerto Rico on **April 19, 2001**, has complied with the filing of its Annual Reports.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **February 5, 2018**.

**LUIS G. RIVERA MARÍN**  
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 05-Feb-2019.

Certificate Validation Number: **234758-44493330**

Certified Translations LLC dba



407-205-9494

E-mail: [Service@Clarivita.com.com](mailto:Service@Clarivita.com.com)

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### **CERTIFICATE OF ACCURACY**

3/21/18

Certified Translations LLC dba Clarivita hereby certifies that in the business name of "Bufete Prado, Nunez & Asociados, C.S.P.", "C.S.P" stands for "Corporación Servicios Profesionales" which in English means:

**Professional Services Corporation**

Kindly;

*Mara Cawthorn*

Mara Abraham-Cawthorn  
Florida State Certified Court Interpreter  
ID No: 08-00084 SPA  
Authorized representative  
Certified Translations LLC

State of FLORIDA

County of Orange

The foregoing instrument was acknowledged before me this 21 day of March, 2018 by Mara Abraham-Cawthorn, who

☐ is personally known to me or ☒ who produced a Florida license as identification, regarding the attached instrument described as \_\_\_\_\_

Certificate of Accuracy  
and to whose signature(s) this notarization applies.



[Signature]  
notary public signature  
Erilaine Aviles Charon  
notary public printed name