## F18000004139

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
/		

Office Use Only



000317427940

Cardi (2--01 ) . - \*\*



O SIMMONS SEP 0 8 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Calle EL Cub	uión Inc.
Name of corporation -	<del></del>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Ac "Certificate of Existence," or "Certificate of Good Standi above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Julie Hermes Ca	15+1/10
Name of Pe	rson
Firm/Compa	ny
P.O. BOX 2014	
P. O. BOX 2014  Address  Palm Beach FL  City/State and  Now Castle 216 @ 9n  E-mail address: (to be used for	33480
City/State and	Zip code
Now castle 216 @ gn	all. com
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	l:
Julie H. Castillo at (212) Name of Person Area Code	754-0172
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:	
	S78.75 Filing Fee &

## \* 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.
Calle #1 Cubyion Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")
Paloma de Hermes
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) $66 - 897428$
2. PUEF to RICO 3. 66-0897428 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of incorporation)  (Date of duration, if other than pernetual)
(Date of incorporation) (Date of duration, if other than perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 32 5. DIXIE Highway, Lake Worth, FL 33460 8  (Principal office address)  P. O. BOX 2014 Palm Beach, FL 33480  (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Julie Hormes Chstillo
Office Address: 335 Monroe Drive
West Palm Beach Florida 33+05 (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. 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)
( France of Grant A. S. Branco A.

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: JUIE HERINES ('astillo
Address: 335 Monroe, Sr. West Palm Beach FL 33405
West Palm Beach FZ 33405
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: July ARRINES Castillo
Address: 335 Mmra Dr.
Address: 335 Mmroe Dr. West Palm Beach, FZ 33405
Vice President:
Address:
Secretary;
Address:
Treasurer:
Address:
NOTE: If necessary you may aftach 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.
(Typed or printed name and capacity of person signing application)

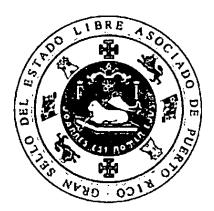


Government of Puerto Rico

## **CERTIFICATE OF REGISTRY**

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

**CERTIFY**: That **CALLE EL CUBUJON INCORPORATED**, register number **408380**, is a **Domestic Close Corporation For Profit** organized under the laws of Puerto Rico on this **23rd of April**, **2018 at 05:46 PM**.



**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, **April 23, 2018**.

LUIS G. RIVERA MARÍN Secretary of State