## F1800001494

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000321574550

12/10/18==01038==006 \*\*85.00

18 DEC 10 AH 8: I

DEC 13 2018

S. YOUNG

## **COVER LETTER**

are

Division of Corporations		
SUBJECT: FINCREST CAF	ITAL LTD CORPORATION	
SUBJECT:	Name of Corporation	
DOCUMENT NUMBER: F180000044	194	
The enclosed Affidavit by Foreign Corpord submitted for filing.	ation to Change/Add Officer(s) and/or Director(s) and fee	
Please return all correspondence concerning	g this matter to the following:	
CHRISTOPHER VALM	ANA	
Name of Contact Person		
FINCREST CAPITAL LTD CORP	ORATION	
Firm/Company		
1101 BRICKELL AVE, UNIT 3104	187	
Address		
MIAMI, FL 33231		
City/State and Zip Code		
CHRIS@FINCRESTCA	PITAL.COM	
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this mat	ter, please call:	
CHISTOPHER VALMANA	. , 954 \ 803 0256	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Flo	orida Department of State for the following amount:	
\$43.75 Filing Fee & Certificate of Statu	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee. Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee. FL 32301	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

2. This entity was authorized to transanumber is F18000004494	et business in Florida on 09/25/2018 and its Florida documen
3. This corporation was formed under	the laws of UNITED KINGDOM
4. The name and address of each offic	
<u>Title:</u> Director/ Member	Name and Address Christopher Valmana
	1101 BRICKELL AVE, UNIT 310487
	MIAMI, FL 33231
Director/ Member	Jessica Benites
	1101 BRICKELL AVE, UNIT 310487
	MIAMI, FL 33231
	<b>2</b>
	E T
	——————————————————————————————————————
(Attach	additional pages if necessary)
9/1	Director/ Member
ature of an officer or director	Title of person signing
AW VALMAWA For printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations\*PO Box 6327\*Tallahassee, FL 32314

CR2E127 (8/08)