

76000004736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800318658528

03/25/18--01021--006 **87.50

20180315 A 9:30

FILED

COVER LETTER

TO: Registration Section
Division of Corporations
ABLEREX LATAM 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:
ADALBERTO PARRA

Name of Person
ADALBERTO PARRA, CPA

Firm/Company
555 NE 15TH STREET, SUITE CU-19

Address
MIAMI, FL 33132

City/State and Zip code
aparra@parra-cpa.com

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

For further information concerning this matter, please call:

ADALBERTO PARRA 786 490-2500

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

2018 OCT 15 AM 10:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2018

ADALBERTO PARRA
555 NE 115TH ST, SUITE CU-19
MIAMI, FL 33132

SUBJECT: ABLEREX LATAM CORPORATION
Ref. Number: W18000086828

We have received your document for ABLEREX LATAM CORPORATION 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 registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 518A00020283

SEP 29 10 30 AM '18

FILED

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.

ABLEREX LATAM CORPORATION

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

DELAWARE

83-1936910

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/12/2018

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)

11767 S. DIXIE HIGHWAY, SUITE 204, PINECREST, FL 33156

7. _____
(Principal office address)

(Current mailing address, if different)

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

ADALBERTO PARRA, CPA

Name:

555 NE 15TH ST., SUITE CU-19

Office Address:

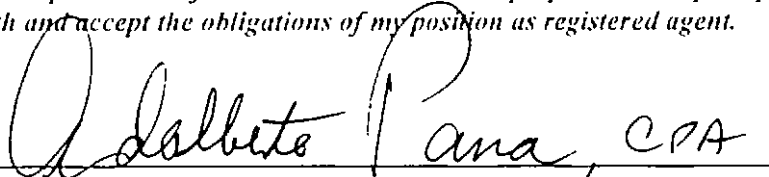
MIAMI

33132

_____. 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.

FILED
OCT 15 A 8:30

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

A. DIRECTORS

WEN SHU

Chairman:

1175 S. GROVE AVE, UNIT 103

Address:

ONTARIO, CA 91761

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

WEN SHU

President:

1175 S. GROVE AVE, UNIT 103

Address:

ONTARIO, CA 91761

Vice President:

Address:

SARIAH ATASSI

Secretary:

11767 S. DIXIE HIGHWAY, #204, PINECREST, FL 33156

Address:

WEN SHU

Treasurer:

1175 S. GROVE AVE, UNIT 103, ONTARIO, CA 91761

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. SARIAH ATASSI, SECRETARY

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABLEREX LATAM CORPORATION" 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 TENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABLEREX LATAM CORPORATION" WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2018 OCT 10 10:51 AM A 8:30



7053709 8300

SR# 20187077814

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203585162

Date: 10-10-18