F18000005261

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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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.

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EL CALLAO USA CORP

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

<u>2.</u> DE	LAWARE	3	82-5498233		
(State or countr	y under the law of which it is inc	orporated)	82-5498233 (FEI number, if applicable)		
I	04/23/2018	5			
(Date	of incorporation)		(Date of duration, if other than perpetual)		
·		FNANO@ELCALL	AO.COM		
	(Date first transact		rida, if prior to registration) F.S., to determine penalty liability)		
•	596	0 SW 57TH AVE N	MAMI, FL 33143		
		(Principal of	fice address)		
•	(1	Current mailing ad	dress. if different)		
	et address of Florida registered	d agent: (P.O. Bo	ox <u>NOT</u> acceptable)	CHELTAR CHELTAR CHELTAR CHELTAR	
Name:	Registered Agents Inc.		-	<u></u> <	
Office Address:	3030 N. Rocky Point Dr. STE 1	50A	-	PH I:	
	Tampa		. Florida <u>33607</u>	्ला) (ला)	
	(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 Agents Inc. Bill Havre - Assistant Secretary

(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:

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· A. DIRI	CTORS	
Chairman	FEDERICO G NANO	_
Address	160 W SUNRISE AVE	
	CORAL GABLES, FL 33133	<u> </u>
Vice Chai	rman;	
Address:		
-		
Director:		
Address:		
Director.		
Address:		_
		_
B. OFFI	CERS	
President:	FEDERICO G. NANO	
Address:	160 W SUNRISE AVE	
-	CORAL GABLES, FL 33133	د ع
Vice Presid	dent:	<u> </u>
Address: _		<u> </u>
-		
Secretary:		, O
Address)
Treasurer		
Address: _		
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Director or-Officer	
The office are true an	r or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein d that he or she is aware that false information submitted in a document to the Department of State constitute ree felony as provided for in s.817.155, F.S.	s
13	FEDERICO G. NANO	<u> </u>

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



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EL CALLAO USA CORP" 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 EIGHTH DAY OF OCTOBER, A.D. 2018.



Page 1



1. Secretary of State Jeffres W. Do

Authentication: 203571060

Date: 10-08-18

6857101 8300

SR# 20187029624 You may verify this certificate online at corp.delaware.gov/authver.shtml