

F18000005815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

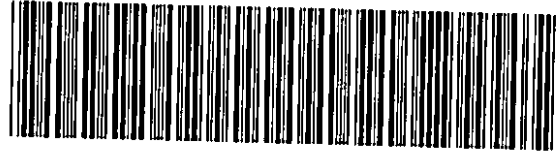
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600321442676

12/04/18--01012--005 \*\*70.00

13 DEC -4 AM 9:54

© SIMMONS  
DEC 19 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2018

REPATRIACION LATINA CORPORATION  
111 ELIZABETH AVE  
ELIZABETH, NJ 07201-2453

Upon receipt of your letter and/or check(s) totaling \$70.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 918A00022834



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2018

REPATRIACION LATINA CORPROATION  
1111 ELIZABETH AVE  
ELIZABETH, NJ 07201-2453

Ref. Number: REPATRIAC

Please return your check with a note stating what the money is intended for.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 518A00020377

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REPATRIACION LATINA CORPORATION  
\_\_\_\_\_  
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:

CATALINA ARISTIZABAL

\_\_\_\_\_  
Name of Person

REPATRIACION LATINA CORPORATION

\_\_\_\_\_  
Firm/Company

111 ELIZABETH AVE

\_\_\_\_\_  
Address

ELIZABETH NJ 07201

\_\_\_\_\_  
City/State and Zip code

catalina.aristizabal@repatriacionlatina.com

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

For further information concerning this matter, please call:

CATALINA ARISTIZABAL                      929                      370-7471  
\_\_\_\_\_  
Name of Person                      at (                      )                      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.

REPATRIACION LATINA 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)

2. NEW JERSEY 3. 46-1676553 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/03/2013 5. (Date of incorporation) (Date of duration, if other than perpetual)

NOT APPLICABLE

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 111 ELIZABETH AVE. ELIZABETH NJ 07201 (Principal office address)

SAME (Current mailing address, if different)

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

Name: PATRICIA CAROLINA ESCRICH

Office Address: 37 N ORANGE AVE SUITE 500

ORLANDO Florida 32801 (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.

Carolina Escrich

(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:

A. DIRECTORS

Chairman: \_\_\_\_\_

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

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

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

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

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

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

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

DEC-11 AM 9:54

B. OFFICERS

President: JIMENA CEBALLOS

Address: 1111 ELIZABETH AVE., ELIZABETH NJ 07201

Vice President: N/A

Address: N/A

Secretary: CATALINA ARISTIZABAL

Address: 25 PROSPECT STREET APT 506 NEWARK NJ 07105

Treasurer: N/A

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

NOTE: If necessary, you may attach an addendum to this 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, E.S.

13. CATALINA ARISTIZABAL - SECRETARY

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

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**REPATRIACION LATINA CORPORATION**

0400539473

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 03, 2013.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*CATALINA ARISTIZABAL  
1111 ELIZABETH AVE  
ELIZABETH, NJ 07201*

*I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on October 24, 2018.*

*PRESIDENT*

*JIMENA CEBALLOS*

*111 ELIZABETH AVE*

*ELIZABETH, NJ 07201*

*SECRETARY*

*CATALINA ARISTIZABAL*

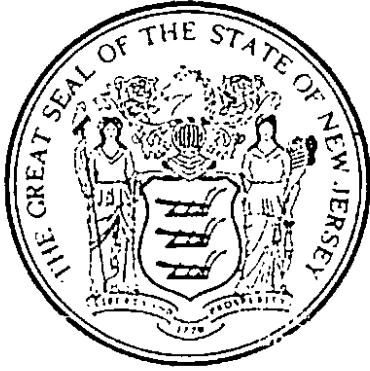
*25 PROSPECT STREET*

*APT 506*

*NEWARK, NJ 07105*

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**REPATRIACION LATINA CORPORATION  
0400539473**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
20th day of November, 2018*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number - 6092970279*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR/StandingCert.JSP?Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR/StandingCert.JSP?Verify_Cert.jsp)*