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COVER LETTER

TO:	Registration Se Division of Co							
SUBJ	rct.	South	Floria	la l	Operator	- ASSOCIO	atio	20
SUBJ	EC1.	Na	me of corpora	ation - mu	ist include suffix			_ '
Dear S	ir or Madam:							
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		Pedro	Me	nen	dez			
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For fur	ther information	concerning th	is matter, plea	ase call:		75 97 27	: 22	`~ -
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	Name of Perso	on	Area	Code	Daytime Telep	hone Number	-	
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	ction rporations g : Center Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
Enclose	ed is a check for	the following	amount:					
□ \$ 70	.00 Filing Fee	S78.75 F Certifica	iling Fee & ate of Status		3.75 Filing Fee & rified Copy	\$87.50 Filin Certificate Certified C	of Status	: &c

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

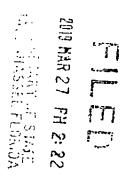
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
South Florida Operator Association, Inc
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")
South Florida Operator Association
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 82-3382467 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
1. 9/27/2017 5
(Date of incorporation) (Date of duration, if other than perpetual)
5. 1/1/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(Principal office address) 1430 S. Dixie Highway, Se. 311, Coral Gables FL 3314L (Current mailing address, if different)
11/20 S Divis Hopeway 9- 211 Ostal Galdes El 23/1/1
(Chront miling address if different)
3. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Pedro Menendez
Name: 1earo Meneralez
Office Address: 1430 S. Dixie Highway, Sto. 311
Coral Gables 33146 = 10 10
Coral Gables Florida 33146 (Zip code)
). 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.
antes, and I am juminar with and accept the bouganons of my position as registered agent.
(Registered agent's signature) Pedro Menendez

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 Soe attached Chairman: Address: Vice Chairman: _____ Address: ____ Director: Address: _____ Director: Address: **B. OFFICERS** President: _____ Vice President: ____ _ _ _ _ _ _ _ _ Address: _ _ Secretary: __ Address: Podro Menendez Address: 1430 S. DIXIE Highway, Str. 311, Coral Cables FL NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Pedro Menenelez, Treasurer.

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

	Name	Address
President	Angel Veliz	7301 Southwest 57th Court, Suite 520 Miami, Florida 33143
Treasurer	Pete Menendez	1430 S Dixie Hwy, Suite 311 Coral Gables, Florida 33146
Director	Brad Ashlin	113 SW 11th Court, Suite C Fort Lauderdale, Florida 33315
Director	Mike Adams	1855 Veteran's Park Drive, Suite 203 Naples, Florida 34109
Secretary	Darlene Tregunno	12511 Vittoria Way Fort Myers, Florida 33912
Director	Steve Nisbet, Sr.	30 South Main Street LaBelle, Florida 33935
Director	Ricky Wade	1351 South Killian Drive #1 Lake Park, Florida 33403



Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOUTH FLORIDA OPERATOR ASSOCIATION" 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 TWENTY-SEVENTH DAY OF MARCH,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202529803

Date: 03-27-19

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