

F19000001719

(Requestor's Name)

(Address)

(Address)

W19-3196
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

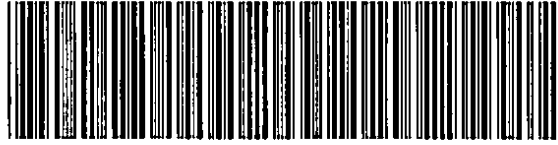
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR - 8 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2019

RAUL RODRIGUEZ
OCARIZ, GARRASTACHO, HEVIA LLLP
999 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33134

SUBJECT: NUMA AMERICAS CORP.
Ref. Number: W19000003196

JAN 10 2019

We have received your document for NUMA AMERICAS CORP. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 619A00000785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUMA AMERICAS CORP.

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:

RAUL RODRIGUEZ

Name of Person

OCARIZ, GARRASTACHO, HEVIA LLLP

Firm/Company

999 PONCE DE LEON BLVD., SUITE 650

Address

CORAL GABLES, FL 33134

City/State and Zip code

RRODRIGUEZ@OGHCPA.COM

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

For further information concerning this matter, please call:

RAUL RODRIGUEZ

305

444-8838 EXT. 111

at (_____) _____

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

**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.*

NUMA AMERICAS CORP.

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. DELAWARE 3. 45-3455105
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/7/11 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)
999 PONCE DE LEON BLVD., SUITE 650, CORAL GABLES, FL 33134

7. _____
(Principal office address)
SAME

(Current mailing address, if different)

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

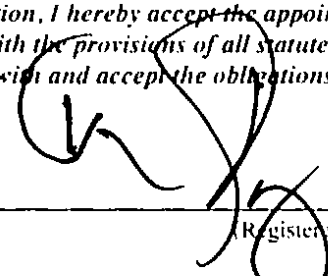
Name: AXIAL MANAGEMENT SERVICES, LLC

Office Address: 999 PONCE DE LEON BLVD., SUITE 650

CORAL GABLES , Florida 33134
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: RAFAEL ZAMORA-LEON
Address: 999 PONCE DE LEON BLVD., SUITE 650, CORAL GABLES, FL 33134

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2. _____
Signature of Director or Officer

he officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
e true and that he or she is aware that false information submitted in a document to the Department of State constitutes
third degree felony as provided for in s.817.155, F.S.

RAFAEL ZAMORA-LEON

(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 "NUMA AMERICAS 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 TWENTY-SEVENTH DAY OF MARCH, A.D.
2019.

FILED
19 APR - 1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5034455 8300

SR# 20192290880

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

Authentication: 202523787

Date: 03-27-19