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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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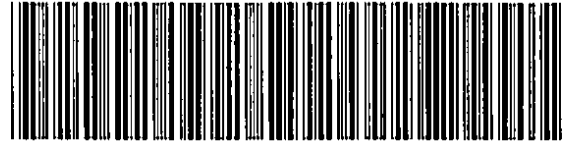
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: González Torres & Co., CPA, PSC
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:
Pablo Cabán

Name of Person

González Torres & Co., CPA, PSC

Firm/Company

33 Bolivia St. Suite 301

Address

San Juan, P.R. 00917-2014

City/State and Zip code

pcaban@gtecpapr.com

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

For further information concerning this matter, please call:

Pablo Cabán

787

647-8181

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.*

González Torres & Co., CPA, PSC

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)

2. Puerto Rico 3. 66-0528656
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 20, 1999 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)

33 Bolivia St. Suite 301, San Juan, P.R. 00917-2014
7. _____
(Principal office address)

(Current mailing address, if different)

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

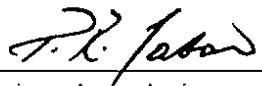
Name: Pablo Cabán

Office Address: Millenia Boulevard Office Center
4700 Millenia Boulevard, Suite 175

Orlando, Florida 32839
(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.

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

A. DIRECTORS

Chairman: José A. González Torres

Address: 33 Bolivia St. Suite 301, San Juan, P.R. 00917-2014

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: José A. González Torres

Address: 33 Bolivia St. Suite 301, San Juan, P.R. 00917-2014

Vice President:

Address:

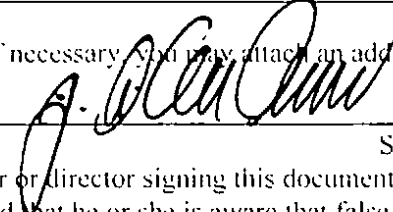
Secretary: José A. González Torres

Address: 33 Bolivia St. Suite 301, San Juan, P.R. 00917-2014

Treasurer: José A. González Torres

Address: 33 Bolivia St. Suite 301, San Juan, P.R. 00917-2014

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. José A. González Torres, President/Owner

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



Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **GONZÁLEZ TORRES & CO., CPA PSC**, register number **702**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **January 20, 1999**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **April 29, 2019**.

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

LUIS G. RIVERA MARÍN
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 28-Apr-2020.

Certificate Validation Number: 295705-42752302