(Requestor's Name)				
(Address) ∴ ∵				
(Address)				
(Ĉi	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

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ALLAHASSEE FLORIDA

REC II JED 14 DI WI

2019 SEP -5



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 906688 \_ 8020289

AUTHORIZATION : CANUAL

COST LIMIT : \$ 70.00

ORDER DATE: September 4, 2019

ORDER TIME : 5:18 PM

ORDER NO. : 906688-005

CUSTOMER NO: 8020289

## FOREIGN FILINGS

NAME: CECOP USA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

## **COVER LETTER**

Division of Corporatio				
CECOP USA INC SUBJECT:	•			
30bJEC1	Name of corporati	on - must	nclude suffix	<del> </del>
Dear Sir or Madam:				7 20
The enclosed "Application by "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good St	tanding`` a	nd check are sub	omitted to register the
Please return all correspondent MARTA GARCIA	ee concerning this mat	ter to the f	ollowing:	PH 4
RC LAW LLP	Name (	of Person		143 RIDA
175 SW 7TH ST SUITE 1712	Firm/Co	ompany		
MIAMI, FL 33130	Add	dress		
MARTA.GARCIA@RCLAWLL	_	and Zip c	ode	
E-m	ail address: (to be use	d for futur	e annual report	notification)
For further information concer	ning this matter, pleas	e call:		
MARTA GARCIA	786 at (	598-	8009	
Name of Person	Area Co	ode .	Daytime Telep	hone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for the foll	owing amount:			
	8.75 Filing Fee & ertificate of Status		Filing Fee & ed Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOI CECOP USA IN		BUSINESS IN THE STATE OF FLORIDA.
(Enter name of c	orporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavaila DELAWARE	·	adopted for the purpose of transacting business in Florida) 84-2376579
6.27.2019		(FEI number, if applicable) SEP
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 SUITE 1712, MIAMI FL 33130	in Florida, if prior to registration) 502. F.S., to determine penalty liability)
	(Princi	pal office address)
	(Current maili	ng address, if different)
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. CORPORATION SERVICE COMPANY	O. Box <u>NOT</u> acceptable)
Office Address:	1201 HAYS ST	
	TALLAHASSEE	32301-2525 , Florida
	(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.

Roxanne Turner
Asst. Vice President

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 Vice Chairman: Address: JORGE ALBERTO RUBIO RAMOS Director: Avda, Industria-53-28108-Alcobendas-Madrid Address: \_ Director: 3 1 L **B. OFFICERS** JORGE ALBERTO RUBIO RAMOS President: Avda. Industria:53:28108-Alcobendas:Madrid Address: \_ Vice President: Address: \_\_\_\_\_\_ JEAN DE CONTADES Secretary: Avda. Industria-53/28108-Alcobendas-Madrid Address: \_\_\_\_\_ Address: NOTE: If necessary, you may attach an added dum 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. XAVIER RUIZ, ASSISTANT SECRETARY

13. \_\_\_\_\_



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

DELAWARE, DO HEREBY CERTIFY "CECOP USA INC." 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 FOURTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CECOP USA INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2019

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

7489481 8300 SR# 20196867006



Authentication: 203529692

Date: 09-04-19