

FI9000004408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

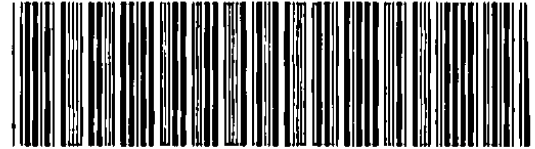
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROLAT, INC.

\_\_\_\_\_  
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:  
CARLOS E. BURGOS G., ESQ.

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

BURGOS & ASSOCIATES LAW GROUP

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

150 S PINE ISLAND RD SUITE 300

\_\_\_\_\_  
Address

PLANTATION, FLORIDA 33324

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

CBURGOS@BURGOSLAWGROUP.COM

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

For further information concerning this matter, please call:

CARLOS BURGOS

at ( 954 ) 655-4419

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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### 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 TRANS  
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.*

1. PROLAT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PROLAT ENTERTAINMENT, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO

(State or country under the law of which it is incorporated)

3. N/A

(FEI number, if applicable)

4. 10/31/2006

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. HAS NOT TRANSACTED BUSINESS IN FLORIDA

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 255 Giralda Avenue, Suite 500, Coral Gables, FL 33134

(Principal office address)

PO BOX 193549, SAN JUAN, PR 00919-3549

(Current mailing address, if different)

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

Name: BURGOS & ASSOCIATES LAW GROUP

Office Address: 150 S PINE ISLAND RD SUITE 300

PLANTATION

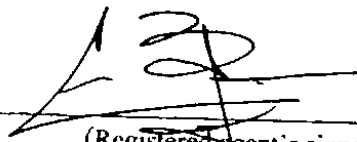
(City)

33324, Florida

(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 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.

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

**A. DIRECTORS**

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

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

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

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

Director: Muñiz Garcia, Rafael E.

Address: Calle 32 #311 Urb. Jardines Metropolitanos

San Juan, PR 00927

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

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

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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 here 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. Muñiz Garcia, Rafael E. / Director

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

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**CERTIFICATE OF GOOD STANDING DATED 09/06/2019**

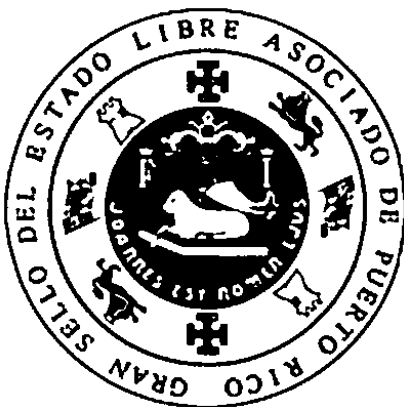


Government of Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **MARÍA A. MARCANO DE LEÓN**, Under Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, **PROLAT, INC.**, register number **167059**, a for profit domestic corporation, organized under the laws of Puerto Rico on **October 31, 2006**, 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, **September 6, 2019**.

A black and white photograph of the signature of María A. Marcano de León, written in cursive.

**MARÍA A. MARCANO DE LEÓN**  
Under 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 05-Sep-2020.

Certificate Validation Number: **312278-78647089**