# F19995513

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
tified Copies Certificates of Status
pecial Instructions to Filing Officer:
W101020108899
Office Use Only

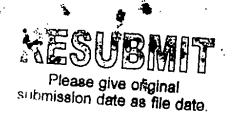


400337983864

2019 DEC 13 PH 4: 44
TATT LINASSEELFLORIDA







FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2019

CSC

SUBJECT: REF USA CORP, Ref. Number: W19000108899

We have received your document for REF USA CORP, and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yvette Scott Document Specialist II

Letter Number: 919A00025514

CORPORATION SERVICE COMPANY
1201 Hays Street

٠..

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 8020289 REFERENCE : 9007<u>70</u> AUTHORIZATION COST LIMIT : ORDER DATE : August 28, 2019 ORDER TIME : 12:34 PM ORDER NO. : 900770-010 CUSTOMER NO: 8020289 FOREIGN FILINGS NAME: REF USA CORP. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

# **COVER LETTER**

Commence of the Commence of

TO:	Registration Sec	tion							
	Division of Corp								
/1 <b>0</b> 1 0 0 1	REF USA	CORP.							
SUBJ	ECT:	N.I.	<u> </u>	<del></del>					
		Name c	1 corporation	ı - must ı	nclude suffix				
Dear S	Sir or Madam:								
"Certi	nclosed "Application ficate of Existence referenced foreign	," or "Certificate	of Good Star	ading" ar	nd check are su				
	return all correspo A GARCIA	ondence concerni	ng this matte	r to the f	ollowing:		AHKSSE	DEC 13	-
RC LA	W LLP		Name of	Person			E, FLOS	PH 4:	Ö
175 SV	V 7TH ST SUITE 17	712	Firm/Con	npany			DA 2	t.	
			Addro	2SS					<del></del>
MIAM	I, FL 33130								
MART	`A.GARCIA@RCL	AWLLP.NET	City/State a	nd Zip c	ode				
·		E-mail address:	(to be used	for future	e annual report	notifica	tion)		
For fu	rther information c	oncerning this ma	atter, please o	:all:					
MART	A GARCIA		786	598-8	3009				
	Name of Person	<u></u> ·	at ( Area Cod	) e	Daytime Telep	ohone N	umber	<del></del> .	
	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporati 17	ons		
Enclos	ed is a check for the	ne following amo	unt:						
<b>□</b> \$70	0.00 Filing Fee	S78.75 Filing Certificate of			Filing Fee & ed Copy	C	37.50 F Certifica Certified	ite of S	Status &

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

I COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

REF USA CORP.

	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	)N,"			
(If name unavail	able in Florida, enter alternate corporate name ac	lanted for the purpose of transact	ina hucinase	in Flor		
DELAWARE	•	4-3772629	ing ousiness	111 1 101	iuaj	
	3					
(State or count) 08.28.2019	ry under the law of which it is incorporated)  5.	(FEI number, if a	(FEI number, if applicable)			
(Date	e of incorporation)	(Date of duration, if othe	r than perpe	13 13		
175 SW 7TH ST	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 SUITE 1712, MIAMI FL 33130		EE, FLORI	PM 4: 4		
	(Principa	l office address)	) )	t.		
	(Current mailing	address, if different)				
Name and stree	et address of Florida registered agent: (P.O. CORPORATION SERVICE COMPANY	Box NOT acceptable)				
Tice Address:	1201 HAYS ST	<u> </u>				
	TALLAHASSEE, FL	32301 , Florida				
	(City)	(Zip code)				

### Registered agent's acceptance:

rving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I other agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.

Amanda Robinson Asst. Vice President

(Régistered agent's signature)

. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to experiment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction der the law of which it is incorporated.

. DIR	ECTORS				
nairmar	1:				
ddress:	***************************************				
ice Cha	nirman:				<u>.</u>
irector:	MANUEL GUILLERMO VEGA /				
	175 SW 7TH ST SUITE 1712	ΤĂΙ	2019		
adicss.	MIAMI, FL 33130	<u> </u>	30 GI	1	
·		35.			
	· <del></del>		Px	: • :	
ddress:			÷.		<del></del> -
OFF	NCPDS 4		<del>-</del> =		
	TICERS  MANUEL GUILLERMO VEGA				
	175 SW 7TH ST SUITE 1712				
ddress:	MIAMI, FL 33130		· · · · · ·		
		·			
ce Pres	sident:				
ldress:					
	XAVIER RUIZ				
cretary	: 175 SE TH ST SUITE 1712, MIAMI FL 33130				
ldress:					
easurer	;				
ldress:					
	If necessary, you may attach an addendum to the application listing additional	officers and	/or dire	ctors.	
	Signature of Director or Officer				
e true a hird de	cer or director signing this document (and who is listed in number 11 above) af and that he or she is aware that false information submitted in a document to the egree felony as provided for in s.817.155, F.S. VIER RUIZ, SECRETARY				
•	(Typed or printed name and capacity of person signing applicate	tion)			

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

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

DELAWARE, DO HEREBY CERTIFY "REF USA 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REF USA CORP."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2019

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

PH 4:44

Authentication: 204238221

Date: 12-17-19

7581748 8300

SR# 20198694284

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:15 PM 08/28/2019
FILED 04:15 PM 08/28/2019
196768850 - File Number 7581748

# STATE OF DELAWARE CERTIFICATE OF INCORPORATION A STOCK CORPORATION

The undersigned Incorporator, desiring to form a corporation under pursuant to the General Corporation Law of the State of Delaware, hereby certifies as follows:

2. The Registered Office of the corporation in the State of Delaware is located and the State of Delaware is located as the State of Delaw	ed at (street),
251 Little Falls Dr.	
in the City of Wilmington , County of New Castle 😤	
Zip Code 19808 . The name of the Registered Agent at such address	es <u>s:upon</u>
whom process against this corporation may be served is Corporation Service C	company
(n):	<u></u>
me.	- <del>0</del> :
3. The purpose of the corporation is to engage in any lawful act or activity for	or Which
corporations may be organized under the General Corporation Law of Delaware.	÷. ,
프로그램 All All All All All All All All All Al	<u>t</u>
4. The total amount of stock this corporation is authorized to issue is	
shares (number of authorized shares) with a par value	of
\$ per share.	
5. The name and mailing address of the incorporator are as follows:  Name Marta Garcia	
Mailing Address 175 SW 7th St. Suite 1712	0400
Miami, FL Zip Code 3	3130
By: Incorporator	
Name: Marta Garcia Print or Type	