

2/6/202

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H200000426823ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: office@efbtinacounting.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
BLUE WHALE AP CORP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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.

1. BLUE WHALE AP CORP

(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. DELAWARE

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

3. 83-3945663

(FEI number, if applicable)

4. 03/01/2019

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. 02/01/2020

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1820 N CORPORATE LAKES BLVD STE 109

(Principal office street address)

WESTON FL 33326

(Current mailing address, if different)

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

Name: E & F LATIN GROUP LLC

Office Address: 1820 N CORPORATE LAKES BLVD STE 109

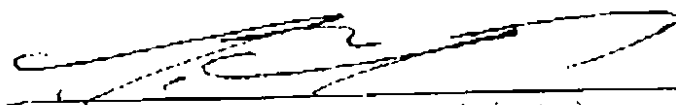
WESTON, Florida 33326

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

☐ Chairman Name: ANDRES PARRA

☐ Vice Chairman Address: _____

☒ Director 1820 N CORPORATE LAKES BLVD

☐ President SUITE 109

☐ Vice President WESTON FL 33326

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.817.135, F.S.

ANDRES PARRA Director

13. _____

Delaware

The First State

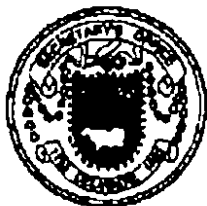
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE WHALE AP 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE WHALE AP CORP" WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2019.

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



7303991 8300

SR# 20201176296

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202400832

Date: 02-17-20

State of Delaware
 Secretary of State
 Division of Corporations
 Delaware 0633 PM 03/01/2019
 FILED 05:37 PM 03/01/2019
 SR 1819169-000 - File Number 7383991

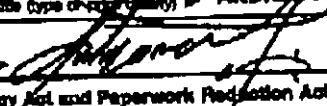
**STATE of DELAWARE
 CERTIFICATE of INCORPORATION
 A STOCK CORPORATION**

- First: The name of this Corporation is BLUE WHALE AP CORP
- Second: Its registered office in the State of Delaware is to be located at 3421 allwayside
Road Building #104 Street, in the City of Wilmington
 County of New Castle Zip Code 19810. The registered agent in
 charge thereof is Corporate Creations Network Inc.
- Third: The purpose of the corporation is to engage in any lawful act or activity for
 which corporations may be organized under the General Corporation Law of
 Delaware.
- Fourth: The amount of the total stock of this corporation is authorized to issue is
1,000 shares (number of authorized shares) with a par value of
no par value per share.
- Fifth: The name and mailing address of the incorporator are as follows:
 Name E & F LATIN ACCOUNTING
 Mailing Address 1820 N Corporate Lakes Blvd. Suite 109
Weston, FL Zip Code 33326
- I, The Undersigned, for the purpose of forming a corporation under the laws of the
 State of Delaware, do make, file and record this Certificate, and do certify that the
 facts herein stated are true, and I have accordingly hereunto set my hand this
1st day of March, A.D. 20 19

BY: 

(Incorporator)

E & F LATIN ACCOUNTING - Incorporator
 NAME: By: Ryan Sullivan, Special Secretary
 (type or print)

Form SS-4 (Rev. January 2018) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.		OMB No. 1545-0043 EIN 63-3946683	
1 Legal name of entity (or individual) for whom the EIN is being requested BLUE WHALE CORP					
2 Trade name of business (if different from name on line 1)			3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 1830 N CORPORATE LAKES BLVD STE 108			4a Street address (if different) (Do not enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions) WESTON, FL 33328			4b City, state, and ZIP code (if foreign, see instructions)		
5 County and state where principal business is located BROWARD FL					
7a Name of responsible party ANDRES PARRA			7b SSN, ITIN, or EIN FOREIGN		
8a Is this application for a limited liability company (LLC) or a foreign equivalent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____			<input type="checkbox"/> Estate (SSN of decedent) _____		
<input type="checkbox"/> Partnership			<input type="checkbox"/> Plan administrator (TIN) _____		
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) > 1120			<input type="checkbox"/> Trust (TIN of grantor) _____		
<input type="checkbox"/> Personal service corporation			<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization			<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military		
<input type="checkbox"/> Other nonprofit organization (specify) > _____			<input type="checkbox"/> REMBO <input type="checkbox"/> Indian tribal government/enterprise		
<input type="checkbox"/> Other (specify) > _____			<input type="checkbox"/> Group Exemption Number (GEN) if any > _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated DELAWARE			Foreign country		
10 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) > All Lawful Purposes					
<input type="checkbox"/> Hired employees (check the box and see line 18.)					
<input type="checkbox"/> Compliance with IRS withholding regulations					
<input type="checkbox"/> Other (specify) > _____					
<input type="checkbox"/> Banking purpose (specify purpose) > _____					
<input type="checkbox"/> Changed type of organization (specify new type) > _____					
<input type="checkbox"/> Purchased going business					
<input type="checkbox"/> Created a trust (specify type) > _____					
<input type="checkbox"/> Created a pension plan (specify type) > _____					
11 Date business started or acquired (month, day, year). See instructions. 01/11/2018			12 Closing month of accounting year DEC		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.			14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Form 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.		
Agricultural N/A			Household N/A		
Other					
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker					
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
<input checked="" type="checkbox"/> Other (specify) All Lawful Purposes					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. All Lawful Purposes					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," write previous EIN here > _____					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designee	Designee's name DIEGO FIGUEROA		Designee's telephone number (include area code) (954) 3848565		
	Address and ZIP code 1830 N CORPORATE LAKES BLVD SUITE 108 WESTON FL 33328		Designee's tax number (include area code) (954) 3856176		
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (954) 3848565			
Name and title (type or print clearly) > ANDRES PARRA		Applicant's tax number (include area code) (954) 3024976			
Signature > 		Date > _____			
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					
Cat. No. 16005N		Form SS-4 (Rev. 1-0018)			

Written Consent of Directors to Organize BLUE WHALE AP CORP

The directors hereby take the following actions by unanimous written consent to organize this Delaware corporation:

1. Incorporation. The Corporation's articles of incorporation (certificate of incorporation) are approved and ratified.

2. Officers. The following persons are appointed to the offices set forth opposite their names to serve until their successors are appointed:

President

Secretary

Treasurer

Vice President

3. Bylaws. The Bylaws contained in the Corporate Records binder are adopted and approved.

4. Stock Certificates. The stock certificates contained in the Corporate Records binder are approved as the form to be used in issuing shares in the Corporation.

5. Bank Account. The officers are directed to open an account with a bank or other financial institution and to deposit in that account all funds of the Corporation. All resolutions required to open an account in accordance with this paragraph are adopted as the action of the Board of Directors.

6. Organizational and Start-up Expenditures. The officers of the Corporation are authorized to elect to amortize organizational and qualified start-up expenditures in accordance with Sections 248 and 195 of the Internal Revenue Code, as amended.

7. Approval of Prior Actions. All lawful actions by the incorporator and its representatives that were taken on behalf of the Corporation prior to the effective date of this written consent are approved.

8. Shares. For the consideration determined by the Board of Directors to be adequate, the Corporation will issue to each shareholder named below a stock certificate for the number of shares and class of stock stated below:

<u>Shares</u>	<u>Class of Stock</u>	<u>Shareholder</u>
1000	Voting Common Stock	ANDRES A. PARRA

The undersigned, constituting the Corporation's entire Board of Directors, executed this written consent effective as of the _____ day of _____ 20____.

ANDRES A. PARRA

Written Consent of Incorporator to
Elect Board of Directors for
BLUE WHALE AP CORP

The undersigned Incorporator hereby elects the following to serve on the Board of Directors
for this Delaware corporation:

ANDRES A. PARRA

The Board of Directors shall complete the organization of the Corporation by appointing
officers, issuing shares, opening bank accounts and taking such other actions as determined
by the Board of Directors.


Corporate Creations International Inc.

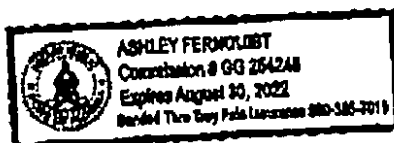
Date: 3/5/19

STATE OF Florida

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 5th day of
MARCH 2019 by the above named signatory, who is personally
known to me or who produced a drivers license or passport as identification and who did take
an oath.


Signature of Notary Public



850-617-8381

2/26/2020 10:17:28 AM PAGE 1/001 Fax Server



February 26, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: BLUE WHALE AP CORP
REF: W20000020677

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name and title of the person signing the document must be noted beneath or opposite the signature.,

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H20000042682
Letter Number: 320A00004218