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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANCHEZ & VADILLO, LLP

Account Number : I20150000038 Phone : (305)485-9700 Fax Number : (305)436-0191

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

## FOREIGN PROFIT/NONPROFIT CORPORATION MCPICCOLA CORPORATION

Certificate of Status	0
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## **COVER LETTER**

FO: Registration Section Division of Corporations			
SUBJECT: MCPICCOLA CORPORAT	ION		
	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to	e of Good Standi	ing" and check are submitted to register	rida," the
Please return all correspondence concerr	ing this matter to	the following:	
XIOMARA POLANCO			
	Name of Pe	erson	
SANCHEZ VADILLO LLP			
	Firm/Comp	any	
11402 NE 41 STREET, SUITE 202			•
	Addres	8	
DORAL, FLORIDA 33178			
	City/State and	d Zip code	
XPOLANCO@SVLAWUS.COM	·		797011
E-mail addre	ss: (to be used fo	r future annual report notification)	:
For further information concerning this	matter, please ca	11:	ر د د
XIOMARA POLANCO	at (305	<b>485-970</b> 0	1. î
Name of Person	Area Code	Daytime Telephone Number	- 3
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following ar Please make check payable to: FLORIDA   IZ \$70.00 Filing Fee	DEPARTMENT	\$78.75 Filing Fee & 🔲 \$87.50 Fil	of Status &

under the law of which it is incorporated.

## 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.

MCPICCOLA C	ORPORATION		
	orporation; must include "INCORPORATED, erp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORIORATION."	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)
DELAWARE	3		
		(FEI number, if applicable	e)
7/7/2017	5	PERPETUAL.	
·	of incorporation)	(Date of duration, if other than pe	rpetual)
UPON FILING	DA'TE		
·		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
5706 OXFORD M	IOOR BLVD, WINDERMERE, FLORIDA 3	4786	
*	(Principal of	ice street address)	
5706 OXFORD N	MOOR BLVD, WINDERMERE, FLORIDA	34786	
	(Current maili	ng address, if different)	
. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	اجا ديم
Name:	SEBASTIAN VANELLA		11 L ( 32
Name:	COOK (AMEGODES 146VOD III AVO		:
Office Address:	5706 OXFORD MOOR BLVD		<del>1</del>
	WINDERMERE	. Florida 34786	
	(City)	(Zip code)	P. C.
			<del></del>
Registered ago	ent's acceptance: led as registered agent and to yecept serv	ing of process for the above stated corn	acution at the place
	application, I hereby accept the appoint		
urther agree to o	omply with the provisions of all slatutes	relative to the proper and complete perj	formance of my duti
nd I am familiar	with and accept the obligations of my po	osition as registered agent.	
	- // /www.	· · · · · · · · · · · · · · · · · · ·	
	(Registered ugent's	signature)	
0. Attached is a	certificate of existence duly authenticated	, not more than 90 days prior to delivery	of this application t

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
	SEBASTIAN VANELLA Name:	□ Chairman	Name:	
□Vice Chairman	Address: 5706 OXFORD MOOR BLVD	□Vice Chairman	Address:	
□Director	WINDERMERE, FLORIDA 34786	□Director		
■ President		□President		
□Vice President		□Vice President		
Secretary	⊞reasurer	☐Secretary		☐Treasurer
□Other	(DOther	Other	<del></del>	□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chainnan	Address:	
EDirector		□Director		
□President		□ President		
□Vice President		□Vice President		
□ Secretary	☐ Freasurer	□ Secretary		☐Treasurer
Other	□Other	Other	<del></del> -	□Other
□ Chairman	Natue:	□ Chairman	Name:	<u> </u>
□Vice Chairman	Address:	OVice Chairman	Address:	مير ش
Director	411	□Director		1
☐ President		☐President	, <u> </u>	- 3
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		☐Treasurer ☐
□Other	Other	Other		□Other
Important Notice individuals may b	Use an attachment to report many han six (b). The se added to the index when flight your Florida Deposition of Dep	imen of State Annual Re	d for reporting	purposes only. Non-indexed
she is aware that: s.817.155, F.S.	ector signing this document (and who is listed in number information submitted in a document to the De	mber 11 above) affirms th	nat the facts states a third deg	ted herein are true and that he or ree felony as provided for in

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



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

DELAWARE, DO HEREBY CERTIFY "MCPICCOLA CORPORATION" 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 TWENTY-NINTH DAY OF OCTOBER, A.D.

2020.

2020 P. P. 1:31

6470561 8300 SR# 20207947893

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Date: 10-29-20