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PICK-UP  WAIT  MAIL

(Business Entity Name)

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Special Instructions to Filing Officer  
  
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FILING OFFICE

*[Handwritten signature]*

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**RESUBMIT**  
Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations



February 25, 2021

CSC

SUBJECT: EDICOM CORP  
Ref. Number: W21000026467

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

The document must contain both the street address of the principal office and the mailing address of the entity.

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: 421A00004170

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 674150 5018754  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$70.00

ORDER DATE : February 19, 2021  
ORDER TIME : 9:58 AM  
ORDER NO. : 674150-005  
CUSTOMER NO: 5018754

**FILED**  
2021 FEB 24 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: EDICOM CORP

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDICOM, CORP.

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:

BRONIA AVENDANO

Name of Person

EDICOM, CORP.

Firm/Company

WALL ST PLAZA 88 PINE ST 17TH FL STE 1703

Address

NEW YORK, NY 10005

City/State and Zip code

BAVENDANO@EDICOMGROUP.COM

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

For further information concerning this matter, please call:

BRONIA AVENDANO

at ( 212 ) 8891909

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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

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SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

**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. EDICOM, 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. NEW YORK 3. 75-3269695  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/28/2008 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 02/15/2021  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Wall Street Plaza, 88 Pine ST 17th FL STE 1703 New York, NY 10005  
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: Grande E. Blum

(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]:

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SECRETARY OF STATE  
TALLAHASSEE, FL

**A. DIRECTORS**

Chairman Name: JOSE VILATA

Vice Chairman Address: 88 PINEE ST 17TH FL

Director STE 1703 NEW YORK, NY 10005

President \_\_\_\_\_

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

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: VICENTE VILATA

Vice Chairman Address: 88 PINEE ST 17TH FL

Director STE 1703 NEW YORK, NY 10005

President \_\_\_\_\_

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

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: LUIS GALCERAN

Vice Chairman Address: 88 PINE ST 17TH FL

Director STE 1703 NEW YORK, NY 10005

President \_\_\_\_\_

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

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: BRONIA AVENDANO

Vice Chairman Address: 88 PINE ST 17TH FL

Director STE 1703 NEW YORK, NY 10005

President \_\_\_\_\_

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

Secretary  Treasurer

Other Manager

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 \_\_\_\_\_

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 SECRETARY OF STATE

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged 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.817.155, F.S.

13. Bronia Avendano - Manager  
 (Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } **ss:**

I hereby certify, that the Certificate of Incorporation of EDICOM, CORP. was filed on 09/25/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of February two thousand and twenty-one.

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

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DEPARTMENT OF STATE  
ALBANY, N.Y.

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