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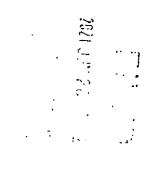
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use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



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U5/2U/21--U1U19--U18 **87.5U





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2021

JACK MCNAUGTON 591 EVERNIA ST. APT 2603 WEST PALM BEACH, FL 33401

SUBJECT: PUROS PRIVADOS, INC.

Ref. Number: W21000085861

We have received your document for PUROS PRIVADOS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 421A00013072

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

	tion Section of Corporations					
SUBJECT: Po	iros Privados, Inc					
30banci	Name	of corporation - r	nust include suffix			
Dear Sir or Mada	am:					
"Certificate of E	pplication by Foreign C xistence," or "Certificat I foreign corporation to	e of Good Standir	thorization to Transact ig" and check are submi in Florida.	Business in Florida itted to register the	a,''	
Please return all	correspondence concert	ning this matter to	the following:			
Jack McNaughton					-	
		Name of Per	son		 	
Puros Privados, Ir	ac					
-30		Firm/Compa	ny		7.3	
591 Evernia St, A	рт 2603			•	· .	
	 ::	Address		•	<u> </u>	
West Palm Beach	FL, 33401					
		City/State and	Zip code		- -	
jack@escobarciga				,	<u>_</u>	
-	E-mail addre	ss: (to be used for	future annual report not	ification)		
For further infor	mation concerning this	matter, please call	:			
Jack McNaughtor	1	303 at ()	929-8301			
Name o	f Person	Area Code	Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	eck for the following an payable to: FLORIDA I Fee	DEPARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Certificate of Certified Cop	Status &	

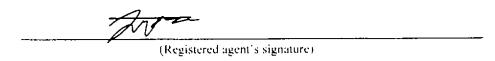
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATE orp." "Inc," "Co," or "Corp.")	D." "C	OMPANY," "CORPORATION,"	•
(If name unavaila	able in Florida, enter alternate corporate nan	ne adop	oted for the purpose of transacting	business in Florida)
Colorado	folorado 3 82-2260819			
	v under the law of which it is incorporated)	3. 82-2260819 (FEI number, if applicable)		
07/22/2017 4.		5.		
(Date	(Date of incorporation)		(Date of duration, if other the	an perpetual)
7. <u></u>	ve, Cherry Hills Village, CO 80113 (Principal c	ifice <u>s</u>	reet address)	
	(Current mai	ling ac	dress, if different)	<u></u>
3. Name and <u>strec</u>	<u>n address</u> of Florida registered agent: (F	P.O. B	ox <u>NOT</u> acceptable)	
Name:	Jack McNaughton			(<u>)</u>
Office Address:	591 Evernia St, Apt 2603		_	~_t
	West Palm Beach		, Florida 33401	
	(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.



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.

A. DIRECTORS							
□Chairman	Name: Michael McNaughton	□ Chairman	Name: David Gomes				
□Vice Chairman	Address: 65 Glenmoor Drive	□Vice Chairman	Address: 221 Avenue C				
□Director	Cherry Hills Village	Director	Redondo Beach				
□President	CO	□President	California				
□Vice President	80113	□Vice President	90277				
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Owner Owner	□Other	Owner Owner	□Other				
	N.		N.				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address;				
□Director		□Director					
□President		□President	<u> </u>				
□Vice President		□Vice President	<u> </u>				
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other		□Other	□Other `				
			1				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□ Secretary	□ Treasurer				
□Other	Other	Other	□Other				
individuals may be	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Re	port form				
12. Mick	asl McNaughton	<u> </u>					
12. Michael & McNaughton 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. Michael McN	Naughton						

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Puros Privados, Inc.

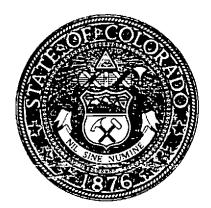
is a

Corporation

formed or registered on 07/22/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171547110.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/13/2021 that have been posted, and by documents delivered to this office electronically through 05/14/2021 @ 15:57:55

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver. Colorado on 05/14/2021 @ 15:57:55 in accordance with applicable law. This certificate is assigned Confirmation Number 13172140



Secretary of State of the State of Colorado

Notice A certificate (vivide electronically from the Colorado Secretary of State's Web site is fully and immediately volid and effective liowever, us an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sivs.state.co.us/big/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sivs.state.co.us/click/Businesses, trademarks, trade names," and select "Frequently Asked Questions."