Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210003454183ABC-

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049
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.

EMBIL Address: office @ eflating mounting . com

FOREIGN PROFIT/NONPROFIT CORPORATION USA HORECA CORP

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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COVER LETTER

| TO: Registration Se Division of Co | | |
|--|---|---|
| SUBJECT: USA HO | RECA CORP | |
| | Name of corporat | on - must include suffix |
| Dear Sir or Madam: | | |
| "Certificate of Existent | tion by Foreign Corporation for," or "Certificate of Good Sign corporation to transact busi | or Authorization to Transact Business in Florida," tanding" and check are submitted to register the iness in Florida. |
| Please return all corres | pondence concerning this mat | ter to the following: |
| DIEGO FIGUEROA | | |
| | Name (| of Person |
| E&F LATIN GROUP LE | .c | |
| | Firm/Co | ompany |
| 1820 N CORPORATE L | AKES BLVD SUITE 109 | |
| | Add | dress |
| WESTON FL 33326 | | |
| | | and Zip code |
| OFFICE@EFLATINAC | | |
| | t-muil address: (to be use | d for future annual report notification) |
| For further information | concerning this matter, please | call: |
| DIEGO FIGUEROA | ,, 954 | 384 8565 |
| Name of Perso | л at (⁹⁵⁴ Агса Сс | Daytime Telephone Number |
| Registration Se Division of Cor The Centre of T | porations Tallahassee e Street, Suito 810 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for Picase make check payabl \$70.00 Filing Fee | e to: FLORIDA DEPARTMEN | TOF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

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.

| (If name unavail | able in Florida, enter alternate corporate name add | opted for the purpose of transac | ting business in Florida) |
|-----------------------|--|--|---------------------------|
| DELAWARE | 3 87 | 7-2234778 | |
| 08/10/2021 | y under the law of which it is incorporated) | (FEI number, if | - • |
| (Duto 09/08/2021 | of incorporation) 5. | (Data of duration, if other | er than perpetual) |
| | (Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502 | orida, if prior to registration) , F.S., to determine penalty liab | pility) |
| 645 SW 158TH | AVE MIRAMAR FL 333027 | | ~3 |
| | (Principal office | etreet addrown) | 22 9 |
| Name and <u>stree</u> | (Current mulling a et address of Florida registered agent: (P.O. B | ddress, if differenty | 16 A |
| Name: | E&F LATIN GROUP LLC | _ | ANIO: 41 |
| ice Address: | 1820 N CORPORATE LAKES BLVD 109 | _ | 一番一 |
| | WESTON | , Florida | |
| | (City) | (Zip code) | |
| | nt's acceptance: | of process for the above stat | ed corporation at the pl. |

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]:

| A. DIRECTORS | : | | | | | |
|---|----------------------------|-----------------|-------------|--|--|--|
| Chairman | Name: LINA CASTELLANOS | □ Chairman | Name: | | | |
| □ Vice Chairman | Address: 2645 SW IS8TH AVE | □Vice Chairman | Address: | | | |
| ☐ Director | MIRAMAR FL 33027 | Director | | | | |
| ■ President | | □ President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretory | Treasurer | Secretary | ☐ Treasurer | | | |
| □Other | Other | □Other | Other | | | |
| □Choirman | Nume: | □ Chairman | Name: | | | |
| □Vice Chuirman | Address: | □Vice Chairman | Address; | | | |
| □ Director | | Director | | | | |
| □President | | ☐ President | | | | |
| □Vice President | | □Vice President | | | | |
| Secretary | ☐ Treasurer | ☐ Secretary | □ Treasurer | | | |
| Other | □Other | Other | ☐Other | | | |
| □ Chairman | Name: | □ Chuirman | Name: | | | |
| □ Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | | Director | | | | |
| □President | | ☐ Prosident | | | | |
| CIVice President | | □Vice President | | | | |
| Secretary | ☐ Treasurer | □ Secretary | Treasurer | | | |
| □Other | Other | □Other | Other | | | |
| Imputant 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 | | | | | | |
| 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. | | | | | | |
| Typed or printed name and capacity of person signing application) | | | | | | |



Page 1

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

DELANARE, DO HEREBY CERTIFY "USA HORECA CORP" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USA HORECA CORP"
WAS INCORPORATED ON THE TENTH DAY OF AUGUST, A.D. 2021.

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

6155513 8300
SR# 20213247935
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204159730

Date: 09-15-21