

**F21000006947**  
Florida Department of State  
Division of Corporations  
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((H21000439880 3)))



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

From:  
Account Name : US CONTADOR INC  
Account Number : 120200000121  
Phone : (770) 923-2700  
Fax Number : (888) 772-3108

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
ALLURE SHIPPING CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**S. FRANKLIN**

**DEC -6 2021**

**H21000439880 3****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. ALLURE SHIPPING CORPORATION

(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 3. 84-5091732  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/10/2020 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/16/2021  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10814 NW 33rd ST, DORAL, FL 33172  
(Principal office street address)

10814 NW 33rd ST, DORAL, FL 33172  
(Current mailing address, if different)

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

Name: CONTADOR RA LLC

Office Address: 6200 METROWEST BLVD STE 201-D

ORLANDO, Florida 32835  
(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]:

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**H21000439880 3****A. DIRECTORS**

☐ Chairman Name: GUIDO ALBERTO COMMISSO

☐ Vice Chairman Address: 4137 BRIAR LN

☒ Director WESTON, FL 33332

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: EZEQUIEL VALCARCE

☐ Vice Chairman Address: 10814 NW 33rd ST

☒ Director DORAL, FL 33172

☐ 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 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]  
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. GUIDO ALBERTO COMMISSO  
(Typed or printed name and capacity of person signing application)

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLURE SHIPPING 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 FIRST DAY OF DECEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLURE SHIPPING CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2021.

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

FILED  
2021 DEC -2 PM 4:41  
TALLAHASSEE, FL  
U.S. MAIL



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

7893838 8300

SR# 20213943314

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204833248

Date: 12-01-21

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