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S. ROBERTS
APR 0 7 2022

## **COVER LETTER**

	tration Section ion of Corporations				
SUBJECT:	OAKS EXIM, INC.				
Sebuber.	Name	of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign C Existence," or "Certificat ced foreign corporation to	c of Good Stand	ding" and check are subm		
Please return a	all correspondence concern	ning this matter	to the following:		
RAINER SCHI	INDLER				
		Name of I	Person		
OAKS EXIM,	INC				
_		Firm/Com	pany		
1995 EAST OA	AKLAND PARK BLVD. SU	ITE 300			
	<del></del>	Addre	SS		
FORT LAUDE	RDALE, FLORIDA 33306				
		City/State ar	ıd Zip code	· · · · · · · · · · · · · · · · · · ·	
antonio@ragolo	d.com				
	E-mail addre	ss: (to be used f	or future annual report no	tification)	
For further inf	ormation concerning this	matter, please c	all:		
Antonio Ghines	S	305	785-2471		
Namo	e of Person	Area Code	Daytime Telepho	one 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 Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an eck payable to: FLORIDA I ng Fee	DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, 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.

	able in Florida, enter alternate corporate name		g business in Florida)	
2. <u>DELAWARE</u> 3.		35-2748782		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4 5.		PERPETUAL		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
·		in Florida, if prior to registration) 502, F.S., to determine penalty liabili	tv)	,
1995 EAST OAK	LAND PARK BLVD. SUITE 300, FORT LA	• •		
•	(Principal of	fice street address)	<u></u>	
	(Current maili	ng address, if different)		
. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2022 APR	œnj"
Name:	RAINER SCHINDLER	<del>.</del>	1 1	ه دوستان دوستان
Office Address:	1995 E OAKLAND PARK BLVD. STE 30	00		i
	FORT LAUDERDALE	, Florida 33306		.,
	(City)	(Zip code)	9: 21	
Danietowad an	ent's acceptance:		1.	
	ent's acceptance: led as registered agent and to accept serv	rice of process for the above stated	l corporation at the p	olac
	application, I hereby accept the appoint	ment as registered agent and agre	e to act in this capac	city.
	amply with the provicions of all statutes.	relative to the proper and complet	te performance of my	y du
urther agree to c	with and accept the obligations of my po			

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

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name: ANDRES ROBLES PEMUELLER	□Chairman	Name: ANDRES ROBLES ALDANA	
□Vice Chairman	Address:	□Vice Chairman	Address: 1995 E OAKLAND PARK BLVI	
□Director SUITE 300		□Director	SUITE 300	
President	FORT LAUDERDALE, FL 33306	□President	FORT LAUDERDALE, FL 33306	
□Vice President		■ Vice President		
Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
□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	
□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	
Important Notice: individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	attachment will be imaged Iment of State Annual Re	d for reporting purposes only. Non-indexed	
	Andres Roble		•	
	Signature of Directo	or or Officer		
she is aware that fa s.817.155, F.S.	etor signing this document (and who is listed in nundlese information submitted in a document to the Dep	partment of State constitu		
• 2				



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

DELAWARE, DO HEREBY CERTIFY "OAKS EXIM, INC." 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 FIFTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKS EXIM, INC."

WAS INCORPORATED ON THE ELEVENTH DAY OF MARCH, A.D. 2022.

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

Authentication: 202911107

Date: 03-15-22