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COVER LETTER

TO:	FO: Registration Section Division of Corporations					
SUBJ	FCT: FERMO CO	RP.				
30130	Le1	Name of corporat	ion - must ii	nclude suffix	 ·	
Dear S	ir or Madam:					
"Certif	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tanding" an	d check are subr		
Please	return all correspond	dence concerning this ma	iter to the fo	llowing:		
		MAURO SC.	ATTOLINI			
-		Name	of Person			
		C&M C	CPA LLC			
		Firm/C	ompany			
		175 SW 7TH 9	ST SUITE 11	07		
		Ac	ldress			
		мамі,	FL 33130			
	<u> </u>	•	e and Zip co			
		CONSULTING	-			
		E-mail address: (to be use	ed for future	annual report n	otification)	
For fu	rther information cor	ncerning this matter, pleas	se call:			
MAUI	RO SCATTOLINI	305 at (at (305) 517-3791 Area Code Daytime Telephone Number			
	Name of Person	Area C	lode /	Daytime Teleph	none 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		
Please		following amount: :: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.75	TE Filing Fee & ed Copy	☐ \$87.50 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.

,	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	","ис				
FERMEL CORI							
	ible in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)				
TEXAS	,	88-1070096					
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)					
09/30/2021	5.						
	of incorporation)	(Date of duration, if other than perpetual)					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
	175 SW 7TH ST SUITE 1107 MIAML FL 33130						
	(Principal office street address)						
			202X				
	(Current maili	ng address, if different)					
. Name and stree	<u>t address</u> of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	2022 JUL 11 SELENTIASSE				
Name:	C&M CPA, LLC		M 6: 46				
Office Address:	175 SW 7TH ST SUITE 1107		6: L				
	MIAMI	, Florida	<u> </u>				
	(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.

(Panistared 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.

a. DIRECTORS Name: CLARA M. MORENO CAPETILLO FERNANDO FERNADEZ GONZALEZ □Chairman □Chairman Name: 175 SW 7TH SUITE 1107 175 SW 7TH ST SUITE 1107 ☐ Vice Chairman Address: □Vice Chairman Address: MIAML FL 33130 MIAMI, FL 33130 **■**Director Director □President □ President ☐ Vice President □ Vice President _____ □Treasurer □ Secretary □Treasurer □ Secretary ☐Other □Other _____ □Other ___ □Other_____ □ Chairman Name: _____ □ Chairman Name: ______ Address: □Vice Chairman Address: __ □ Vice Chairman □ Director □ Director □President □President □Vice President _____ □ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other____ ☐Other _____ □Other _____ Name: _____ □ Chairman Name: _____ ☐ Chairman □ Vice Chairman Address: _ ___ ___ ☐ Vice Chairman Address: ______ □Director □ Director President □President □ Vice President ____ □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □ Other _____ ☐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. Sernandez Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms 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. FERNANDO FERNANDEZ GONZALEZ

(Typed or printed name and capacity of person signing application)

13. ___

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for FERMO CORP. (file number 804254091), a Domestic For-Profit Corporation, was filed in this office on September 30, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 30, 2022.



John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services Document: 1159337750003

Phone: (512) 463-5555 Prepared by: SOS-WEB