

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : XOTCHILTH VALDIVIA  
Account Number : 120220000026  
Phone : (305) 332-1478  
Fax Number : (305) 456-4563

**\*\*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**

**E. SIDOINE FLASHCARGO CORP**

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$87.50

2022 AUG 16 PM 12:15

82

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

E. SIDOINE FLASHCARGO CORP

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
ENRIQUE SIDOINE

\_\_\_\_\_  
Name of Person  
E. SIDOINE FLASHCARGO CORP

\_\_\_\_\_  
Firm/Company  
4220 W 238TH ST

\_\_\_\_\_  
Address  
TORRANCE, CA 90505

\_\_\_\_\_  
City/State and Zip code  
ESIDOINE@FLASHCARGOCORP.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRIQUE SIDOINE

310

994-8926

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

## COVER LETTER

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Division of Corporations

**SUBJECT:** E. SIDOINE FLASHCARGO CORP

Name of corporation - must include suffix

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Please return all correspondence concerning this matter to the following:

ENRIQUE SIDOINE

Name of Person

E. SIDOINE FLASHCARGO CORP

Firm/Company

4220 W 238TH ST

Address

TORRANCE, CA 90505

City/State and Zip code

ESIDOINE@FLASHCARGOCORP.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRIQUE SIDOINE

at ( 310 )

994-8926

Name of Person

Area Code

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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

1. SIDONE FLASHCARGO CORP

2. (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

3. If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida  
CALIFORNIA 46-3399838

4. (State or country under the law of which it is incorporated) (FID number, if applicable)  
07-29-2013 PERPETUAL

5. (Date of incorporation) (Date of duration, if other than perpetual)

6. UPON QUALIFICATION

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

4220 W 238TH ST, TORRANCE, CA 90505

(Principal office street address)

4220 W 238TH ST, TORRANCE, CA 90505

(Current mailing address, if different)

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

ROFANDO CUA MEDINA

Name

2832 NW 72 AVENUE

Office Address

MIAMI

(City)

Florida

33122

(Zip code)

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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]:

A. DIRECTORS

☒ Chairman Name ENRIQUE SIDOINE  
☐ Vice Chairman Address 4220 W 238TH ST  
☐ Director TORRANCE, CA 90505  
☒ 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 \_\_\_\_\_

☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6) individuals. 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 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 § 817.155, F.S.

13 ENRIQUE SIDOINE, PRESIDENT  
(Typed or printed name and capacity of person signing application)



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

<b>Entity Name:</b>	E.SIDOINE FLASHCARGO
<b>Entity No.:</b>	3592083
<b>Registration Date:</b>	07/29/2013
<b>Entity Type:</b>	Stock Corporation - CA - General
<b>Formed In:</b>	CALIFORNIA
<b>Status:</b>	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 12, 2022.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, PH.D.  
Secretary of State

**Certificate No.:** 036887436

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).