

F220000006553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

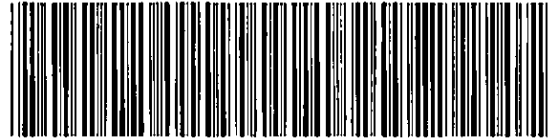
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W22-129386 Name

Office Use Only



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10/12/22--01002--018 **70.00

2022 OCT 12 PM 2:26

REC'D

2022 OCT 21 PM 12:08

APPROVED
AND
FILED

OCT 24 2022
K. Brumley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STUFER CORPORATION

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUFER CORPORATION.

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:

EZEQUIEL FISCHER

Name of Person

EZEQUIEL FISCHER, CPA

Firm/Company

800 SE 4TH AVENUE, SUITE 704

Address

HALLANDALE BEACH, FL 33009

City/State and Zip code

EFISCHER@CPA.COM

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

For further information concerning this matter, please call:

EZEQUIEL FISCHER

at (305) 527-3503

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

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. STUFER 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. URUGUAY

(State or country under the law of which it is incorporated)

3. _____
(FBI number, if applicable)

4. _____
(Date of incorporation)

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

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

7. 800 SE 4TH AVENUE, SUITE 704, HALLANDALE BEACH, FL 33009

(Principal office street address)

800 SE 4TH AVENUE, SUITE 704, HALLANDALE BEACH, FL 33009

(Current mailing address; if different)

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

Name: EZEQUEL FISCHER, CPA

Office Address: 800 SE 4TH AVENUE, SUITE 704

HALLANDALE BEACH

(City)

, Florida 33009

(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):

APPROVED
AND
FILED

2022 OCT 21 PM 12:08

A. DIRECTORS

☐ Chairman Name: TEODORO FAVERGIOTTI
☐ Vice Chairman Address: 800 SE 4TH AVENUE
☒ Director SUITB 704
☐ President HALLANDALE BEACH, FL 33009
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

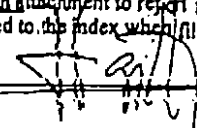
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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). 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 s.817.155, F.S.

13. TEODORO FAVERGIOTTI, DIRECTOR

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



CONSTANCIA	
CONSULTA DE CERTIFICADO DE VIGENCIA ANUAL	
6905	VERSIÓN 00

RUT	218386620010	N° de Constancia	690500219764063
Denominación	STUFER SOCIEDAD ANONIMA	Fecha	22/11/2021

Domicilio Fiscal:	SARANDI 18 Apto: 102 - SALTO
Tipo de Contribuyente:	NOCEDE
Estado:	Certificado de Vigencia Anual Habilitado.
Emisión:	28/10/2021
Vencimiento:	30/11/2022

DGI
GENERAL
TAX
AUTHORITY

PROOF
ANNUAL CERTIFICATE OF GOOD STANDING

6905
VERSION 00

RUT 218386820010

Proof N° 690500219764063

Denomination STUFER CORPORATION

Date 11/22/2021

Tax Domicile: SARANDI Apto 18: 102 - SALTO

Type of Tax payer : OFFSHORE

Status: Annual Good Standing Certificate Authorized

Issuance 10/28/2021

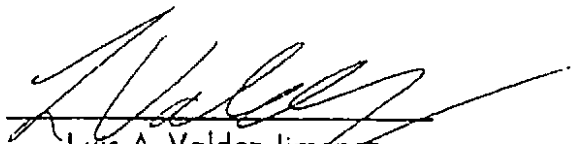
Expiration: 11/30/2022

Language Ventures, Inc
8333 N.W. 53rd Street,
Suite 450,
Doral, Florida, 33166
lvaldez@languageventuresinc.com



Certificate of Accuracy

LANGUAGE VENTURES, INC., a professional language services firm, HEREBY CERTIFIES that the attached Annual Certificate of Good Standing, translated by Carolina Troncoso, on behalf of Language Ventures, Inc., fully competent and qualified to translate between the English and Spanish languages, is a true and accurate translation of the original document, to the best of our knowledge and ability.


Luis A. Valdez-Jimenez
CEO, Language Ventures, Inc.


CAROLINA TRONCOSO

STATE OF FLORIDA)
) SS
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before me by means of [☒] physical presence or []
online notarization, this October 6, 2022 by Luis Valdez-Jimenez

---- Personally Known

☒ Produced Identification

Type of ID: FL DL V43252188 1660


Signature of Notary

Alberto F Diaz
Printed Name of Notary

