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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	stration Section ion of Corporations		
SHRIFCT:	BERRIOS & LONGO LAW	OFFICES, CORP.	
SOBSECT.	Name of corporation	n - must include suffix	
Dear Sir or M	ladam:		
"Certificate o		Authorization to Transact Business in Florida nding" and check are submitted to register the ess in Florida.	**
Please return	all correspondence concerning this matte	r to the following:	
ATTY. FI	ERNANDO LONGO QUIÑO		
	Name of		
BERRIO	S & LONGO LAW OFFICE	<u> </u>	
000 4 103	Firm/Cor		
239 AR I	T. HOSTOS STE. 900 CAP		
SAN JU	Addi AN, PR 00918		
	· ·	and Zip code	
dtorres@	berrioslongo.com E-mail address: (to be used	for future annual report notification)	
For further in	formation concerning this matter, please	call:	
Fernando	Longo Quiñones at (787	, 753-0884	
Nam	e of Person Area Co	de Daytime Telephone Number	
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make of \$70.00 Fil	check for the following amount: heck payable to: FLORIDA DEPARTMEN ling Fee	T OF STATE ✓ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee & Certificate of 5 Certified Copy Certified Copy	Status &

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.

	Longo Law Offices, Corp.	pted for the purpose of transacting busine	ess in Florida)
Puerto Rico		66-0563922	
(State or count) 12/28/1998	ry under the law of which it is incorporated) 3	(FEI number, if applicable	
(Date of incorporation)		(Date of duration, if other than perpetual)	
239 Art. Ho	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502, ostos Ste. 900 Capital Center Blo (Principal office s	, F.S., to determine penalty liability) dg. San Juan, PR 00918	
		ddress, if different)	37.2
Name and streen	et address of Florida registered agent: (P.O. B Registered Agents Inc	Box <u>NOT</u> acceptable)	2 070 2008
ffice Address:	7901 4th St N STE 300		5 5
	St. Petersburg	, Florida 33702	: 2:0

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.

A. DIRECTORS Fernando Longo Quiñones Name _____ □Chairman □ Chairman 239 Art. Hostos □ Vice Chairman Address: □Vice Chairman Address _____ Ste. 900 Capital Center Bldg. Director □Director San Juan, PR 00918 **Z**President President | □ Vice President ☐ Vice President □Treasurer LTreasmer □ Secretary ☐ Secretary □ Other _____ FlOther _____ Other □Other □Chairman Name: □Chairman Name: Address: 17Vice Chairman Address. Director L.Director □President []]President ---- - --- --- ----- []Vice President []Vice President ☐Secretary ☐ Treasurer □ Secretary ☐ Freasurer □Other _____ ElOther _____ □Other _____ LlOther _____ □ Chairman □Chairman Name Name _____ □Vice Chairman Address _____ □Vice Chairman Address _____ Director □ Director **EPresident** □ President □Vice President ☐ Vice President UlTreasurer □ Secretary Treasurer. ☐ Secretary □Other _____ □ Other ZlOther _____ []Other ____ Imported Notice Use an attackment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added so the index when thing your Florida Department of State Annual Report form 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.

Fernando Longo Quiñones





CERTIFICATE OF GOOD STANDING

I, Omar J. Marrero Díaz, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, BERRIOS & LONGO, LAW OFFICE, P.S.C, register number 892, a for profit domestic corporation, organized under the laws of Puerto Rico on December 28, 1998, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, November 4, 2022.

G/10-

Omar J. Marrero Díaz Secretary of State

To validate this certificate go to:

https://estado.pr.gov/

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.