

F23000000734

(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:

Office Use Only



900401641639

APPROVED
AND
FILED

2023 FEB - 7 PM 1:37

RECEIVED

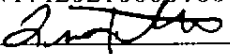
2023 FEB - 7 PM 3:25

TALLAHASSEE, FLORIDA

FEB - 7 2023
K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 78.75

AUTHORIZATION SIGNATURE: 

CFC – USA CORP

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ Certified Copy of the Articles of Organization

☒ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Revocation of Dissolution

☐ Other

☐ Merger

☒ CORP

☐ Conversion

☐ PLLC

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign filing

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE(1)
Country

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CFC - USA Corp

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:

Taylor T. Dolan

Name of Person

Lee/Shoemaker PLLC

Firm/Company

1400 Eye Street, Suite 200

Address

Washington, DC 20005

City/State and Zip code

contacts@leeshoemaker.com

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

For further information concerning this matter, please call:

Taylor T. Dolan

at (202) 971-9400

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. CFC - USA Corp
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Carlos Fernandez Casado USA Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 85-1078047
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/13/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1900 Purdy Avenue, Ste 4, Miami Beach FL 33139
(Principal office street address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

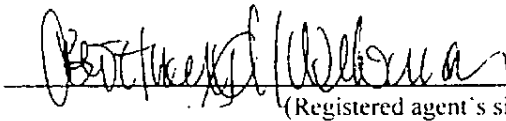
Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

2023 FEB - 7 PM 1:37
FILED
AND
RECEIVED

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.

 Courtney Wehrman on behalf of InCorp Services, Inc.
(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: Manuel Contreras Pietri
☐ Vice Chairman Address: Calle Orense 10
☒ Director Madrid, Spain 28020
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Antonio Martinez Cutillas
☐ Vice Chairman Address: Calle Orense 10
☒ Director Madrid, Spain 28020
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Lucia Fernandez Munoz
☐ Vice Chairman Address: Calle Orense 10
☐ Director Madrid, Spain 28020
☐ 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. Manuel Contreras Pietri, President
(Typed or printed name and capacity of person signing application)

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



Jane Nelson
Secretary of State

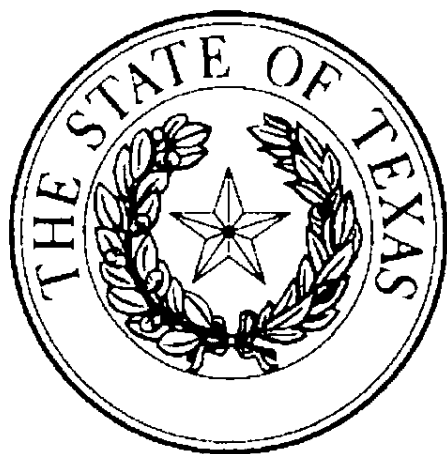
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CFC - USA Corp (file number 803618352), a Domestic For-Profit Corporation, was filed in this office on May 13, 2020.

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 February 03, 2023.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State