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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION BALDERAS CONSULTING CORPORATION

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COVER LETTER

	tration Section ion of Corpora				
CHDIECT.	BALDERAS (CONSULTING CO	RPORATIO	N	
SUBJECT		Name of co	rporation -	must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," o		iood Standi	uthorization to Transact Bing" and check are submitted in Florida.	
Please return	ali correspond	ence concerning th	nis matter to	o the following:	
LOVETTE DO	DBSON				
	-		Name of Po	erson	
		F	im/Comp	any	
17350 STATE	HWY 249 #220)	•		
			Addres	<u> </u>	
HOUSTON, T	X 77064				
		Cit	y/State and	d Zip code	
EFILE 234@1	NCFILE.COM				
	<u>I</u>	E-mail address: (to	be used fo	r future annual report notif	ication)
For further in	formation con-	cerning this matter	, please cal	H:	
LOVETTE DO	OBSON	at (I) 888-462-3453 Daytime Telephon	
Nam	e of Person	/	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MARLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	reck payable to:	following amount: FLORIDA DEPAI \$78.75 Filing Fc Certificate of Sta	c & □		S87.50 Filing Fee, Certificate of Status & Certified Copy

(((H23000127684 3)))

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.

	able in Fforida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)	•
New York	3	37-2022292		-
(State or count 11/04/2021	ry under the law of which it is incorporated)	(FEI number, if applicable) Perpetual		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		-
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1700 Banks Road	l, Suite 50j, Margate, FL 33063			
	(Principal of	fice street address)		•
			······	
	(Current mail)	ing address, if different)	202 T	
Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2023 APR	
Name;	REPUBLIC REGISTERED AGENT LLC		R - 6	- 17
Tice Address:	1150 Nw 72nd Ave Tower I Ste 455		PR-6 PM	<u>.</u>
ince Address:	Miami	, Florida <u>33126</u>		Ü
	(City)	(Zip code)	ع ا	
Dogistored an	ent's acceptance:			
iving been nan	ed as registered agent and to accept serv	rice of process for the above stated c	orporation at the p	plac
signated in this	application, I hereby accept the appoint	ment as registered agent and agree . relative to the proper and complete j		
ther garee to c				1 11 4

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.

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١		Laboration	12/034	,,,,,

□Chairman	Andrea Balderos Name:	(i)Chairman	Name:
□Vice Chairman	Address: 457 49th St	El Vice Chairman	Address:
■ Director	Brooklyn, NY 11220	□Director	
President		LlPresident	
□Vice President		ElVice President	
■ Secretary	Treasurer	DSecretary	[] l'reasurer
Other		LIOther	Other
□(Thairman	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
□Director		LiDirector	***
□President		□President	
∐Vice President		□Vice President	
☐ Secretary	□Ticasurei	□Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	Name:	⊖Chairman :	Name:
□Vice Chairman	Address:		Address:
ElOirector		Director	
[]President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□ Secretary	□Treasurer
Other	Other	∐Other	□Other
ndividuals may be	ise an attachment to report more than six (6). The added to the index when filing your Florida Depar Signature of Direct	attachment will be imaged timent of State Annual Rep	for reporting purposes only. Non-indexed orr form.
the officer or direct the is aware that fal .817.155, F.S.	for signing this document (and who is listed in nurses information submitted in a document to the De	nber 11 above) affirms that	the facts stated herein are true and that he or s a third degree felony as provided for in
3.	Andrea Balderas	- President	
	(Typed or printed name and capacity of p	erson signing application)	

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BALDERAS CONSULTING CORPORATION

DOS ID Number: 6320273

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 11/04/2021

Statement Status: CURRENT Statement Due Date: 11/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 30, 2023 at 11:41 A.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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