# F23000002800

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist Instructions to Filips Office a
Special Instructions to Filing Officer:

Office Use Only



900407369869

01.03.21 0.041 000 44.0.71

1023 HAY -2 PH 2: 29 SECRETARY OF STATE TALL ASSASSEE, FL

FILED



## COVER LETTER

	D: Registration Section Division of Corporations				
SUBJEC	CT: BELTROM MAGIC INC.				
		corporation	- must include suffix		
Dear Sir	or Madam:				
"Certifica	osed "Application by Foreign Corpore of Existence," or "Certificate of erenced foreign corporation to tran	Good Stanc	ling" and check are submi		
Please ret	turn all correspondence concerning	this matter	to the following:		
JOSE A S	SILVA				
		Name of F	Person		
GRUPO S	SILVA, INC				
		Firm/Comp	pany		
РО ВОХ	801469				
		Addre	ss		
COTO L	AUREL, PR 00780				
	(	City/State an	d Zip code		
jsilvacpa@	@gruposilvapr.com				
	E-mail address: (1	to be used fo	or future annual report noti	fication)	
For furthe	er information concerning this matt	er. please ca	ill:		
JOSE A SILVA at ( 787		290-9290			
ì	Name of Person	Area Code	Daytime Telephor	ne Number	
R D T 2	ETREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Callahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	
Please mal	is a check for the following amount the check payable to: <b>FLORIDA DEP</b> . Filing Fee	ARTMENT ( Fee & ■ 🗷		☐ \$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.

(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)
BELIZE	3.		
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if ap	plicable)
February 19, 20	18 5		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
	(Date first transacted business in FI (SEE SECTIONS 607,1501 & 607,1502		(v)
110 SW 19TH R	OAD, MIAMI, FL 33219	, , , , , , , , , , , , , , , , , , ,	¥,
	(i interpat office	street address)	
PO BOX 161087	7. MIAMI, FL 33116	ddress, if different)	
Name and <u>stree</u> Name: Tice Address:	et address of Florida registered agent: (P.O. E MANUEL TURIZO 110 SW 19TH ROAD MIAMI (City)	Box NOT acceptable)	2073 MAY -2 PM 2: 29 SECRETARY OF STATE TALLAHASSEE. FL
aving been nam signated in this rther agree to c	ent's acceptance:  led as registered agent and to accept service of application. I hereby accept the appointment omply with the provisions of all statutes related with and accept the obligations of my positions.	it as registered agent and agre tive to the proper and complet on as registered agent.	re to act in this capacit

under the law of which it is incorporated.

A. DIRECTORS				
□ Chairman	MANUEL TURIZO Name:	□ Chairman	Name:	
☐ Vice Chairman	Address:	□ Vice Chairman	Address:	
■ Director	MIAMI, FL 33219	□ Director		
□ President		□President		
☐ Vice President_		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□ Other	Other	□Other		□Other
□ Chairman	Name:	Chairman	Norman	
		□Chairman		
	Address:	□Vice Chairman	Address:	
□ Director		□Director		
☐ President		□President		
□ Vice President_		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□ Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Numer	
	Address:	□Vice Chairman	Address:	
□ Director		□Director	-	
☐ President		□President		
☐ Vice President_		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
☐ Other	Other	Other		□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of the index when it is a second of th	it of State Annual Re	I for reporting purport form.	rposes only. Non-indexed
· <del>-</del> ·	Signature of Director of	· Officer		
414 .55 14				

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.

, MANUEL TURIZO



#### BELIZE COMPANIES & CORPORATE AFFAIRS REGISTRY

#### CERTIFICATE OF GOOD STANDING

The Belize Companies & Corporate Affairs Registry HEREBY CERTIFIES, pursuant to the BELIZE COMPANIES ACT, 2022 a business entity is of good standing on the date set out below.

#### **BELTROM MAGIC INC.**

### Registration Number 000016349

This certifies that the above-named Private Company on the date hereof:

(a) has not submitted to the Registry articles of merger, consolidation or arrangement that have not yet become effective; (b) is not in the process of being liquidated, wound up and dissolved; (c) proceedings to strike the name of the business entity off the Register have not been instituted.

Dated this 18 of April 2023 Certificate No. CERT-REQ-23/47247



Santinge Lanzalez

Deputy Registrar Belize Companies & Corporate Affairs Registry





APOSTILLE (CONVENTION DE LA HAYE DU 5 OCTOBRE 1961)

CO	UNTRY:	BELIZE		
1.	PUBLIC DOCUMENT CERTIFICATE OF GOOD STANDING			
2.	HAS BEEN SIGNED BY	SANTIAGO GONZALEZ		
3.	ACTING AS	DEPUTY REGISTRAR		
4.	BEARING THE SEAL/S BELIZE COMPANIES	TAMP OF AND CORPORATE AF	FAIRS REGISTRY	
5.	ATBELIZE CITY	6. CERTIFIED ON	18 April, 2023	
7.	BY	ALMA GALEANO		
8.	UNDER NO	IFSC-11376	·····	
9. 	SEAL	, A. 1		
			OR GENERAL NAL FINANCIAL	

**SERVICES COMMISSION**