

F23000004391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

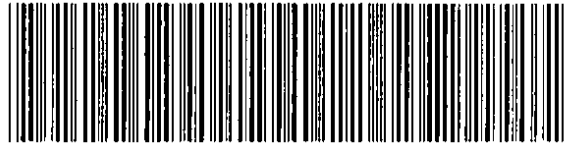
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700412486037

07/20/23--01013--009 **70.00

STATE OF FLORIDA
TALLAHASSEE, FL

2023 JUL 20 PM 5:32

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONIN USA

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Ricardo Milan

Name of Person

CONIN

Firm/Company

200 SW 27th Road

Address

Miami, FL 33129

City/State and Zip Code

ricardo_milan@yahoo.com

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

For further information concerning this matter, please call:

Ricardo Milan

Name of Person

at (305)

Area Code

498-1615

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. CONIN USA, INCORPORATED

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Argentina

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

3. 6312023070461

(FEI number, if applicable)

4. March 22, 2016

(Date of Incorporation)

5. NA

(Date of duration, if other than perpetual)

6. NA

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 200 SW 27th Road Miami, FL 33129

(Principal office street address)

NA

(Current mailing address, if different)

8. Assist with helping children access nutritious foods

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Ricardo Milan

Office Address: 200 SW 27th Road

Miami

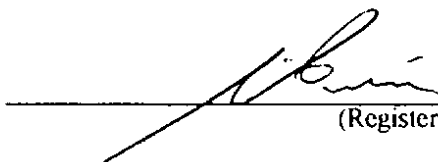
(City)

Florida 33129

(Zip Code)

10. 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)

11. 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.

FILED
2023 JUL 20 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FL

12. 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: Abel P. Albino
☐ Vice Chairman Address: Barrio Rincon de Terrada s/n,
☐ Director Lujan de Cuyo 5505
☒ President Mendoza Argentina
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ricardo Milan
☐ Vice Chairman Address: 200 SW 27th Road
☐ Director Miami FL 33129
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

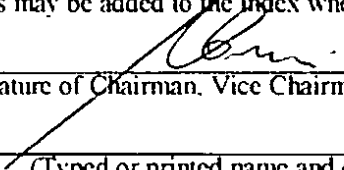
☐ Chairman Name: Diego F. Alvarez
☐ Vice Chairman Address: Alzaga 8116
☐ Director Lujan de Cuyo 5505
☐ President Mendoza Argentina
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Alberto M. Santarelli
☐ Vice Chairman Address: 145 SW 27th Road
☐ Director Miami FL 33129
☐ 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: _____

NOTE: 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ricardo Milan
(Typed or printed name and capacity of person signing application)

[Argentina Government URL]



ADMINISTRACION FEDERAL

Query made the 1 of June 2023 at 3:07:05 pm

[Federal Administration Logo]

Certificate Number 6312023070461

Individual Taxpayer Identification Number (CUIT: Clave Única de Identificación Tributaria) 30-68418454-3

Denominación

COOPERATOR FOUNDATION FOR
CHILDHOOD NUTRITION,
FOUNDATION C

Certificate Issue Date 22 March 2016, 11:23:29 am

Authorized for Donation Deduction (Article 81 c)) Yes

Required to submit gross annual income gains Yes

Subsection	Validity from	Validity until
1	1 January 2023	31 December 2023

63120706120230601306841845437062

Oath of Language for Translation

I do solemnly swear that: I made a true interpretation of this document to the best of my professional abilities. This document originated in a language that the filer understands and the translation will make a true interpretation of the intent of this language to provide guidance in the English Language to the State of Florida for the determination of nonprofit status, with my best skill and judgment.

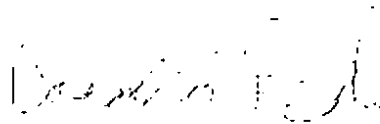
This oath pertains to this document on behalf of the application for CONIN US, INC interpreted from Spanish to English.

June 22, 2023

Name of Translator: *Cassandra R. Decker*

Title & Company: *Owner of CRD Impact, LLC*

Signature:

A handwritten signature in black ink, appearing to read "Cassandra R. Decker", written over a horizontal line.