

F23000004715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

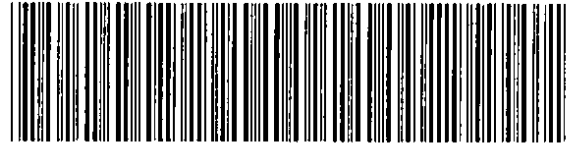
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CLERK

W23-99073



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2023

LEONOR CARO
3800 S. OCEAN DRIVE SUITE 228
HOLLYWOOD, FL 33019 US

SUBJECT: DIFFUPAR CHILE SPA COMPANY
Ref. Number: W23000099073

We have received your document for DIFFUPAR CHILE SPA COMPANY and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 323A00016097

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIFFUPAR CHILE SPA COMPANY

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:

LEONOR CARO

Name of Person

MITCHELL J. HOWARD CPA, PA

Firm/Company

3800 S. OCEAN DRIVE SUITE 228

Address

HOLLYWOOD, FL 33019

City/State and Zip code

ROMINA@ONIESSENCE.COM

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

For further information concerning this matter, please call:

LEONOR CARO

at (954) 454-1119

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. DIFFUPAR CHILE SPA COMPANY

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

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

2. CHILE

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

3. 98-1716491

(FEI number, if applicable)

4. 02/04/2022

(Date of incorporation)

5. _____

(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. 3800 S. OCEAN DRIVE SUITE 228 HOLLYWOOD, FL 33019

(Principal office street address)

(Current mailing address, if different)

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

Name: MITCHELL J. HOWARD CPA, PA

Office Address: 3800 S. OCEAN DRIVE SUITE 228

HOLLYWOOD

(City)

, Florida 33019

(Zip code)

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.

Mitchell J. Howard

(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: ANDES BEAUTY LLC
☐ Vice Chairman Address: 3800 S. OCEAN DRIVE
☒ Director SUITE 228
☐ President HOLLYWOOD, FL 33019
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

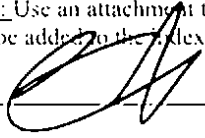
☐ Chairman Name: BRUNO BORDONI
☐ Vice Chairman Address: 3800 S. OCEAN DRIVE
☒ Director SUITE 228
☐ President HOLLYWOOD, FL 33019
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ 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. BRUNO BORDONI
(Typed or printed name and capacity of person signing application)



Tesorería
General de la
República

Certificado de Deuda

NOMBRE DIFFUPAR CHILE SPA
DIRECCION ROSARIO NORTE 615 OF 2102 P21, LAS CONDES COMUNA LAS CONDES
RUT 77.542.356-0

ESTE RUT 77.542.356-0 NO REGISTRA DEUDA

Fecha de Emisión del Certificado: 27-06-2023

(Liquidada al: 27-06-2023)

Emisión a las: 15:05

El Servicio de Tesorería certifica que de acuerdo al estado de la Cuenta Única Tributaria no se registra deuda asociada a este RUT 77.542.356-0.

La Institución o persona ante quien se presenta este certificado, podrá verificar su autenticidad en www.tgr.cl, ingresando el número del código de barra que se indica en certificado.

IMPORTANTE

DOCUMENTO NO VALIDO PARA PAGAR EN INSTITUCIONES RECAUDADORAS



001SD202317835859728

Página 1 de 1

TGR General Treasury of the Republic

Debt Certificate

Name: Diffupar Chile Spa

Address: Rosario Norte 615 of 2101 P21, Las Condes Comuna Las Condes

ID Number 77.542.356-0

THIS ID NUMBER 77.542.356-0 HAS NO DEBT REGISTERED

Certificate Issuance date: 06-27-2023

Settled on: 06-27-2023

At 3:05pm

The Treasury Service certifies that according to the state of the tax account, no debt associated with this ID Number 77.542.356-0 is registered. The institution or person to whom this certificate is presented may verify its authenticity at www.tgr.cl by entering the barcode number indicated on the certificate.

IMPORTANT

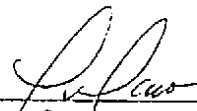
Document not valid for payment in collection agencies.

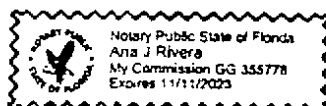
Barcode

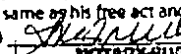
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I, Leonor Caro, hereby certify that the attached document, to the best of my knowledge and belief, is true, accurate and complete translation from Spanish to English of the Certificate, consisting of 1 page.


Leonor Caro



State of Florida
County of Broward
On this 30 day of June, 2023
before me personally appeared
Leonor Caro
to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.
SEAL (signed) 
NOTARY PUBLIC