

# F24000000402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

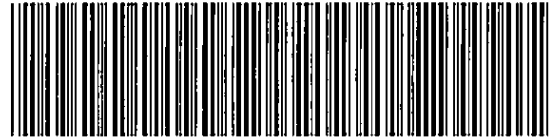
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

STATE OF FLORIDA

JAN 25 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALEMAR CORPORATION

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:

SUSANA MARQUEZ

Name of Person

AleMAR Corp

Firm/Company

13300 SW 52nd Ct

Address

MIRAMAR FL 33027

City/State and Zip code

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

For further information concerning this matter, please call:

SUSANA MARQUEZ at (571) 331-1799

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. ALEMAR CORPORATION

(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. VIRGINIA U.S.A.  
(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 02/03/2009  
(Date of incorporation)

5. Perpetual  
(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. 13300 SW 52nd Ct MIRAMAR FL 33027  
(Principal office street address)

SAME  
(Current mailing address, if different)

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

Name: SUSANA MARQUEZ

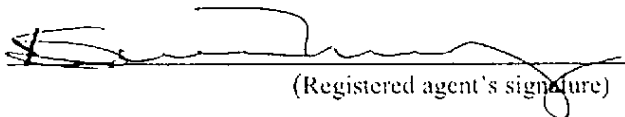
Office Address: 13300 SW 52nd Ct

MIRAMAR, Florida 33027  
(City) (Zip code)

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TALLAHASSEE, FL

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.*

  
(Registered agent's signature)

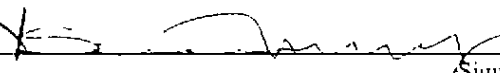
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

|   |                                      |   |                                      |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman             | Name: <u>SUSANA MARQUEZ</u>          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: <u>13300 SW 52nd Ct</u>     | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input checked="" type="checkbox"/> Director  | <u>MIRAMAR FL 3307</u>               | <input type="checkbox"/> Director       | _____                                |
| <input checked="" type="checkbox"/> President | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |
|   |                                      |   |                                      |
| <input type="checkbox"/> Chairman             | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director             | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President            | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____ |
|   |                                      |   |                                      |
| <input type="checkbox"/> Chairman             | Name: _____                          | <input type="checkbox"/> Chairman       | Name: _____                          |
| <input type="checkbox"/> Vice Chairman        | Address: _____                       | <input type="checkbox"/> Vice Chairman  | Address: _____                       |
| <input type="checkbox"/> Director             | _____                                | <input type="checkbox"/> Director       | _____                                |
| <input type="checkbox"/> President            | _____                                | <input type="checkbox"/> President      | _____                                |
| <input type="checkbox"/> Vice President       | _____                                | <input type="checkbox"/> Vice President | _____                                |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer   | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Treasurer   |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____    | <input type="checkbox"/> 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. SUSANA MARQUEZ  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

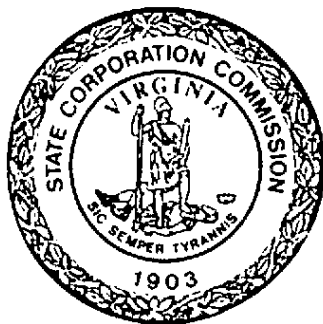
That ALEMAR CORPORATION is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 3, 2009;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 14, 2023

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission