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DIRECTOR OFFICE
PARTIAL SEE, FLORIDA

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K. Brumbley



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Borders Pass Corp.			
	corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate o above referenced foreign corporation to trans-	f Good Stand	ling" and check are subm	
Please return all correspondence concerning	g this matter	to the following:	
Ramiro G. Villamor Jr.			
	Name of I	Person	<del></del> _
Borders Pass Corp.			
	Firm/Com	pany	
1915 NW 79th Ave			
	Addre	SS	
Doral, FL 33126			
	City/State ar	ıd Zip code	<del></del>
ramiro.villamor@gmail.com			
E-mail address:	(to be used fo	or future annual report no	tification)
For further information concerning this mat	iter, please ca	all:	
Ramiro G. Villamor Jr.	305 t (	878-1592	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following amount Please make check payable to: FLORIDA DER S70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee &	OF STATE ) \$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.

•	COMPANY," "CORPORATION,"	•	
,			
ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
3 99	99-1636400		
y under the law of which it is incorporated)	(FEI number, if applicable)		
5.			
of incorporation)	(Date of duration, if other than perpetual)		
		١	
	1.5., to determine penany maonity	,	
	street address)		
· · · · ·	, , , , , , , , , , , , , , , , , , ,		
(Current mailing a	ddress, if different)	<u> </u>	
at address of Florida registered agent: (P.O. E	ox <u>NOT</u> acceptable)	2021	
Ramiro G. Villamor Jr.	_	2024 HAR	
9440 SW 154th Ave	_	26	
Miami	, Florida 33196	A S	
(City)	(Zip code)	; <del>;</del>	
	y under the law of which it is incorporated)  5	y under the law of which it is incorporated)  (PEI number, if applied of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability be, Doral, FL 33126  (Principal office street address)  (Current mailing address, if different)  (Address of Florida registered agent: (P.O. Box NOT acceptable)  Ramiro G. Villamor Jr.  9440 SW 154th Ave  Miami  Florida 33196	

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.

A. DIRECTORS							
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Miami, FL 33196	□Director					
<b>■</b> President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	<b>0</b> 1	reasurer			
□Other	Other	□Other		Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		Freasurer			
□Other	Other	□Other		Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	18 E E			
□Director		□Director					
□President		□President					
□Vice President		□Vice President		<del></del>			
☐ Secretary	□Treasurer	☐ Secretary	□-	Treasurer			
□Other	Other	□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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "BORDERS PASS CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2024, AT 11:24 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF MARCH, A.D. 2024, AT 4:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "BORDERS PASS CORP.".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BORDERS PASS CORP." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF FEBRUARY,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE
TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203040396

Date: 03-15-24

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