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(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.				
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COVER LETTER

TO:	Registration Section Division of Corporations	
SHRJ	ECT: URTEAGA INVESTMENTS INC.	
ССБ		oration - must include suffix
Dear S	Sir or Madam:	
"Certif		on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please	return all correspondence concerning this	matter to the following:
Gregor	ry R. Fishman	
•	Na	me of Person
Gregor	ry R. Fishman, P.A.	
	Fin	n/Company
2750 N	NE 185 Street, Ste. 204	
		Address
Aventi	ura, FL 33180	
	City/S	State and Zip code
greg@	grfpa.com	
	E-mail address; (to be	used for future annual report notification)
For fur	rther information concerning this matter, p	lease call:
Gregor	ry R. Fishman 305	792-6945
	Name of Person Arc	a 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
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPART 0.00 Filing Fee S78.75 Filing Fee S Certificate of Statu	: 🔲 \$78.75 Filing Fee & 🔲 \$87.50 Filing Fee.

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.	VESTMENTS INC.				
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Ine," "Co," or "Corp,")	"COMPANY," "CORPORATION,"			
URTEAGA INVESTMENTS GROUP INC.					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in					
DELAWARE					
2. (State or country	y under the law of which it is incorporated)	(FEI number, if applie	cable)		
OCTOBER 6, 2	011				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6. NOVEMBER 1.	, 2024				
···	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150				
7. 17121 Collins Av	enue, Unit 2901, Sunny Isles, FL 33160				
	(Principal office street address)				
			<u>.</u>		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	Gregory R. Fishman		ري ي		
Office Address:	2750 NE 185 Street, Suite 204		37		
	Aventura	Florida			
	(City)	(Zip code)			
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept service application. I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agree of a tive to the proper and complete parties as registered agent.	o act in this capacity.		
10 Attached is a c	certificate of existence duly authenticated. n		ery of this application		

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS ANTUAN HARFUCH □ Chairman □ Chairman Name: 17121 Collins Avenue, Unit 2901 □ Vice Chairman Address: ☐Vice Chairman Address: _____ Sunny Isles, FL 33160 Director Director President □President □Vice President □Vice President ☐Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: Gregory R. Fishman □ Chairman □Chairman Name: 2750 NE 185 Street, Ste. 204 □Vice Chairman Address: Address: _____ □Vice Chairman Aventura, FL 33160 □ Director □ Director ☐ President []President □Vice President _____ El Vice President ☐Treasurer ■ Secretary □ Treasurer ☐ Secretary □Other _____ □Other _____ □Other ____ Other _____ □ Chairman □Chairman Name: Name: □Vice Chairman Address: ______ □ Vice Chairman Address: □ Director □ Director □ President □President □ Vice President □Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more Inan six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Morida Department of State Annual Report form. 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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URTEAGA INVESTMENTS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "URTEAGA INVESTMENTS INC." WAS INCORPORATED ON THE SIXTH DAY OF OCTOBER, A.D. 2011.

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

You may verify this certificate on

Authentication: 204777638

Date: 11-01-24

5048651 8300 SR# 20244106553