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OUDI		BERCIA	OUTSOURCING I	NC			
SUBJ	ECI: _		Name o	of corporation	11 - 1	nust include suffix	
Dear S	ir or Ma	dam:					
"Certif	ficate of	Existenc		of Good Sta	ndir	thorization to Transact B ng" and check are submitt in Florida.	
	return al N VILLA	•	ondence concerni	ng this matt	er to	the following:	
	·			Name o	f Per	son	
BERCI	IA OUTS	OURCIN	G INC				
4700 S	OLD 10	TH ST		Firm/Co	mpa	ny	
				Add	ress		
MCAL	LEN, TE	XAS 785	03				
				City/State	and	Zip code	
RUBE	N.V@SV	VEETSEA	SONSLLC.COM				
			E-mail address	: (to be used	for	future annual report notif	ication)
For fur	rther info	ormation	concerning this m	atter, please	call	:	
RUBEN VILLARREAL			956	,	687-9910		
	Name	of Perso	n	Area Co	de de	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a c	heck for	the following amo	ount:			
☐ \$70	0.00 Filii	ng Fee	S78.75 Filin Certificate of			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.

BERCIA OUTS	OURCING INC			
(Enter name of c "Inc" "Co" "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
N/A				
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
TEXAS		46-1572631		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4	5.	N/A		
	of incorporation)	(Date of duration, if other than perpetual)		
6. <u>12/09/2024</u>				
	(SEE SECTIONS 607.1501 & 607.1 H ST, MCALLEN, TX 78503	in Florida, if prior to registration) 502, F.S., to determine penalty liability) pal office address)		
SAME AS PRIN	CIPAL OFFICE ADDRESS	pai office address)		
	(Current maili	ng address, if different)		
8. Name and stree	et address of Florida registered agent: (P. MARINA BERNAL	O. Box <u>NOT</u> acceptable)		
Office Address:	1670 NE 191 ST, APT 102	<u></u>		
	MIAMI	33179 , Florida		
	(City)	(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.

X (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. Names and business addresses of officers and/or directors: A. DIRECTORS NOT APPLICABLE Chairman: ____ Address: Vice Chairman: Address: _____ Director: ____ Address: ____ **B. OFFICERS** JOSE A BERNAL President: 2704 SANTA LAURA ST, MISSION, TX 78572 Address: _____ MARINA BERNAL Vice President: 2704 SANTA LAURA ST, MISSION, TX 78572 Address: _ Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. MARINA BERNAL

(Typed or printed name and capacity of person signing application)

P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BERCIA OUTSOURCING, INC (file number 801688067), a Domestic For-Profit Corporation, was filed in this office on November 21, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 10, 2024.



gave Helson

Jane Nelson Secretary of State