F25000001060

(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:

Office Use Only

800439545958

11/13/24--01025--018 **87.50

T. LEMIEUX
FEB 24 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPANIA DE INVERSIOÑES CHOLUTECA, S.A.
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:

ROBERT E. JOHNSON, ESQ.
Name of Person

GRAYROBINSON, P.A.
Firm/Company

101 E. KENNEDY BLVD., SUITE 4000
Address

TAMPA, FL 33602
City/State and Zip code

robert.johnson@gray-robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Johnson, Esq. at (813) 273-5000
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2024

ROBERT E JOHNSON, ESQ
101 E KENNEDY BLVD STE 4000
TAMPA, FL 33602

SUBJECT: COMPANIA DE INVERSIONES CHOLUTECA, S.A.
Ref. Number: W24000164528

We have received your document for COMPANIA DE INVERSIONES CHOLUTECA, S.A. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 624A00027231

RECEIVED
FEB 20 2025

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. COMPANIA DE INVERSIONES CHOLUTECA, S.A., INCORPORATED
(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. PANAMA
(State or country under the law of which it is incorporated)

3. EIN 98-1547663
(FEI number, if applicable)

4. _____
(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. 101 E. Kennedy Blvd Ste. 400 Tampa, FL 33602
(Principal office **street** address)

_____
(Current mailing address, if different)

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

Name: ROBERT E. JOHNSON, ESQ.

Office Address: 101 E. KENNEDY BLVD., SUITE 4000

TAMPA (City), Florida 33602 (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.

_____
(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: MARIA ELENA DANZILO JOHNS	☐Chairman	Name:
☐Vice Chairman	Address: 101 E. KENNEDY BLVD., SUIT	☐Vice Chairman	Address:
■Director	TAMPA, FL 33602	☐Director	
■President		☐President	
☐Vice President		☐Vice President	
☐Secretary	☐Treasurer	☐Secretary	☐Treasurer
☐Other	☐Other	☐Other	☐Other

☐Chairman	Name: ROBERT E. JOHNSON, ESQ.	☐Chairman	Name:
☐Vice Chairman	Address: 101 E. KENNEDY BLVD., SUIT	☐Vice Chairman	Address:
☐Director	TAMPA, FL 33602	☐Director	
☐President		☐President	
☐Vice President		☐Vice President	
■Secretary	■Treasurer	☐Secretary	☐Treasurer
☐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	☐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.

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

A. DIRECTORS

☐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 __________

☐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. Maria Elena Danzilo Johnson
(Typed or printed name and capacity of person signing application)

TRANSLATION

(Logo: Public Registry of Panama – Technology – Quality – Registry Security)

Public Registry of Panama

SIGNED BY: YAIRIS ODETH SANTAMARIA LINO
DATE: 2024.10.28 13:28:51 -05:00
MATTER: PUBLICITY REQUEST
LOCATION: PANAMA, PANAMA

(Sgd.) Yairis Santamaria

LEGAL ENTITY CERTIFICATE

CONSIDERING REQUEST
429588/2024 (0) DATED 10/28/2024
THAT THE LEGAL ENTITY
COMPAÑIA DE INVERSIONES CHOLUTECA, S.A.
TYPE OF LEGAL ENTITY: CORPORATION
IT APPEARS REGISTERED ON (MERCANTILE) FOLIO N° 22140 (S) AS FROM TUESDAY, JANUARY 31, 1978

THAT THE LEGAL ENTITY IS LEGALLY EXISTING

THAT THEIR POSTS ARE:
DIRECTOR / PRESIDENT: DRIPSY YOHANNA LAINEZ ESCOBAR
DIRECTOR / SECRETARY: MARIA DEL CARMEN GUZMAN CARRAZCO
DIRECTOR / TREASURER: RONY MAGHDIEL MEDINA TURCIOS

THAT THE LEGAL REPRESENTATION SHALL BE EXERCISED BY:
THE PRESIDENT.

PRESENTED ENTRIES THAT ARE BEING CURRENTLY PROCESSED

THERE ARE NO PENDING ENTRIES.

ISSUED IN THE PROVINCE OF PANAMA, ON MONDAY, OCTOBER 28, 2024, AT 1:27 P.M.

NOTE: THIS CERTIFICATION PAID FEES FOR A VALUE OF 30.00 BALBOAS WITH RECEIPT NUMBER 1404861101

(SCAN CODE)

Validate your electronic document through the QR CODE printed at the bottom of the page or through the Electronic Identifier: 4495B2E8-372F-457C-900E-D51096773D8E
Public Registry of Panama, Via España, in front of Hospital San Fernando
P.O. Box 0830 – 1596 Panama, Republic of Panama – (507)501-6000

THE FOREGOING IS A TRUE TRANSLATION OF THE ORIGINAL DOCUMENT IN SPANISH, WHICH WAS PRESENTED TO ME.
Panama, October 29, 2024

Omaro A. Amador Tejeira
AUTHORIZED PUBLIC TRANSLATOR

08H42 7084 001408 30.10.24

REPUBLICA de PANAMA
* TIMBRE NACIONAL *
B/.00010.00
NP0217

NOTARIAL CERTIFICATE

I, Lic. Rául Iván Castillo Sanjur, Fourth Notary Public of the Circuit of Panama, hereby certify the following:

1. The attached Certificate of Goodstanding of COMPAÑIA DE INVERSIONES CHOLUTECA, S.A. is an original issued by the Panama Public Registry on October 28, 2024.

2. The signature of Mr. Omaro A. Amador Tejeira, on the attached English translation of the Certificate of Goodstanding issued by the Panama Public Registry on October 28, 2024, is true and authentic.

Date: October 29, 2024

Lic. Rául Iván Castillo Sanjur
Fourth Notary Public of the Circuit of Panama

NOTARIA CUARTA DEL CIRCUITO DE PANAMÁ
R.C.S. - 2
PANAMÁ, REP. DE PANAMÁ

DIRECCION DE FINANZAS
TESORERIA
REPUBLICA DE PANAMA

Esta autorización no implica responsabilidad En cuanto al contenido del documento

APOSTILLE
Convention de La Haye du 5 octubre 1961
1.País :PANAMA
El presente documento publico
2. Ha sido firmado por Raul Castillo
3. Quien actúa en calidad de : Notario
4. y esta revestido del sellos/timbre de Notario Cuarto
CERTIFICADO
5. EN PANAMA 6. EL 30 OCT 2024
7. por DIRECCION ADMINISTRATIVA
8. Bajo el numero: 2024-20236
9. sello/timbre _____ 10. Firma :

REPUBLICA DE PANAMA
DEPARTAMENTO DE TESORERIA
MINISTERIO DE GOBIERNO

Registro Público de Panamá

FIRMADO POR: YAIRIS ODETH SANTAMARIA LINO
FECHA: 2024.10.28 13:28:51 -05:00
MOTIVO: SOLICITUD DE PUBLICIDAD
LOCALIZACION: PANAMA, PANAMA

CERTIFICADO DE PERSONA JURÍDICA

CON VISTA A LA SOLICITUD

429588/2024 (0) DE FECHA 28/10/2024

QUE LA PERSONA JURÍDICA

COMPAÑIA DE INVERSIONES CHOLUTECA, S.A.
TIPO DE PERSONA JURÍDICA: SOCIEDAD ANONIMA
SE ENCUENTRA REGISTRADA EN (MERCANTIL) FOLIO Nº 22140 (S) DESDE EL MARTES, 31 DE ENERO DE 1978
- QUE LA PERSONA JURÍDICA SE ENCUENTRA VIGENTE

- QUE SUS CARGOS SON:

DIRECTOR / PRESIDENTE: DRIPSY YOHANNA LAINEZ ESCOBAR
DIRECTOR / SECRETARIO: MARIA DEL CARMEN GUZMAN CARRAZCO
DIRECTOR / TESORERO: RONY MAGHDIEL MEDINA TURCIOS

- QUE LA REPRESENTACIÓN LEGAL LA EJERCERÁ:
EL PRESIDENTE.

ENTRADAS PRESENTADAS QUE SE ENCUENTRAN EN PROCESO

NO HAY ENTRADAS PENDIENTES .

EXPEDIDO EN LA PROVINCIA DE PANAMÁ EL LUNES, 28 DE OCTUBRE DE 2024A LAS 1:27 P. M..

NOTA: ESTA CERTIFICACIÓN PAGÓ DERECHOS POR UN VALOR DE 30.00 BALBOAS CON EL NÚMERO DE LIQUIDACIÓN 1404861101