## F9500003483

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

5 (1) 11 (1) 11 (1) 5 (4) 5 (4) 6 (4

SUBJECT:	CANACA	INCA OF D	DELAWARE	Ive.		
	(Name of corporation - must include sulfix)					

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

NATALIE CASTILLO:	I spoke w.	14 Nap.1. c
(Name of Person)	7-20-15 31.	الما ومهاور ساء
CANACA OF DELAWARE THE	. quality rum	mtm
(Firm/Company)		
9047 S.W. 147 CT.		
(Address)		
MIAMI- FlA 33196		
(City, State and Zip Code)		_

Should you need to call someone concerning this matter, please call:

NATALIE	CASTILLO f Person)	at ( <u>305</u>	382	- 1944
(Name o	f Person)	Area Code	& Daytime	Telephone Number

**COURIER ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:

WINTE OF LPORDA:	
(Name of corporation must include the word "INCORPORA abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at present the present of the partnership is not so contained in the name at present of the partnership is not so contained in the name at present of the partnership is not so contained in the name at present of the partnership is not so contained in the name at present of the partnership is not so contained in the name at present of the partnership is not so contained in the name at present of the partnership is not so contained in the name at present of the partnership is not so contained in the partne	ent)
2 STATE OF DELAWARE (State or country under the law of which it is incorporated)	3 65-0485943 (FEI number, if applicable)
4. 04-18-1994 (Date of Incorporation)	5. PERPETVAL (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida (SEE SECTIONS	607 1501, 607 1502, AND 817 155, F.S.), C
1. 9047 5.W. 147 CT	· · · · · · · · · · · · · · · · · · ·
11.101 = F/A 3319	76
MIAMI - FIA 3319 (Current mailir	ng address)
THERET & EXPLET	13 13
8. TMPORT & EXPURT  (Purpose(s) of corporation authorized in home state or counts florida)	
9. Name and street address of Florida registered acceptable)	
Name: NATALIE CASTILLO	
Office Address: 90475.w. 147 CT	<del></del>
MIAMI	, Florida , <u>33196</u> (Zip Code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accomposition at the place designated in this application registered agent and agree to act in this capacity, all statutes relative to the proper and complete peryand accept the obligations of my position as register	ept service of process for the above stated tion, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with ered agent.

11. 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.

(Registered agent's signature)

12 Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)
Chairman: NATALIE CASTILLO
Address: 9047 5.W. 147 CT., MIAMI 7-14 33196
Vice Chairman: CALLUS CASTILLO
Address: 9047 S.W. 147 CT.
MIAMI-FIA 33196
Director: NATALIE CAPSTILLO
Address: 9647 5. W. 147 Ct., MIAMI - FlA 33196
•
Director: CARLOS CASTILLO
Director: <u>CARLOS CASTILLO</u> Address: <u>9047 S.W. 147 Cr., MIAMI-FIA 33196</u>
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: NATALIE CASTILLO
President: <u>NATALIE</u> CASTILLO  Address: <u>9047 S.W.147 Ct. MIAMI-FIA 33196</u>
Vice President: CARLOS CASTILLO
Vice President: <u>CARLOS</u> <u>CASTILLO</u> Address: <u>90475</u> W. 147 Co. MIAMI. F/A 33196
Secretary: CARIOS CASTILLO
Secretary: <u>CARIOS CASTILLO</u> Address: <u>9047 S.W. 147 Ct. MIAMI. F/A 33186</u>
Treasurer: NATALIE CASTILLO
Address: 9047 S.W./47 CT. MIAMI- F/A 33196
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
2 - 0 - 0 - 100
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
0 1 0 -10
14. (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

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William J. Jullan

William T. Quillen, Secretary of State

AUTHENTICATION:

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