

F 99000004135

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: FLORIDA INSTITUTE OF JOURNALISM, INC
(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", 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:

William Restrepo
(Name of Person)

FLORIDA INSTITUTE OF JOURNALISM, INC
(Firm/Company)

15220 NW 7TH ST
(Address)

PEMBROKE PINES FLORIDA 33028
(City/State/Zip)

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

100002957781-3
-08/12/99--01035--003
*****87.50 *****87.50

William Restrepo at (305) 463 5077
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$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

RECEIVED
99 AUG 12 AM 9:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 0919A

FILED

99 AUG 12 AM 9:56

8/12

**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. FLORIDA INSTITUTE OF JOURNALISM, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-28-97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 15220 NW 7TH ST PEMBROKE PINES FL 33028
(Current mailing address)

8. EDUCATION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: WILLIAM RESTREPO

Office Address: 15220 NW 7TH ST
PEMBROKE PINES, Florida, 33028
(Zip code)

FILED
99 AUG 12 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. 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.

Will Restrepo
(Registered agent's signature)

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.

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: William Restrepo
Address: 15220 NW 7th St.
Pembroke Pines Florida 33028

Vice Chairman: _____

Address: _____

Director: MARIA ELENA LONDOÑO

Address: 15220 NW 7th St.
Pembroke Pines Florida 33028

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: William Restrepo
Address: 15220 NW 7th St.
Pembroke Pines Florida 33028

Vice President: _____

Address: _____

Secretary: MARIA ELENA LONDOÑO

Address: 15220 NW 7th St.
Pembroke Pines Florida 33028

Treasurer: _____

Address: _____

FILED
99 AUG 12 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. William Restrepo
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William Restrepo
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA INSTITUTE OF JOURNALISM, 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 TWENTY-SIXTH DAY OF JULY, A.D. 1999.

FILED

99 AUG 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

AUTHENTICATION:

2813596 8300

DATE: 9885450

991302999

07-26-99