

F10000009176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

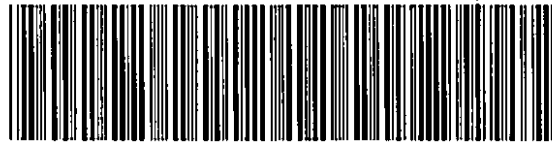
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D SCOTT

OCT 27 2017

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18502456030

FROM Silvas Financial Services, LLC

DATE 2017-10-26 14:37:23 GMT

RE DOCUMENTS FOREIGN ENTITY SIETE27 INC

COVER MESSAGE

Sent from Mail for Windows 10

2017 OCT 26 PM 12:15

FAXED TO: 18502456030

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DP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIETE27, 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," 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:

JULIO BANGO

Name of Person

SIETE27, INC

Firm/Company

5220 S UNIVERSITY DR. SUITE C-102

Address

DAVIE FL 33328

City/State and Zip code

ACCOUNTING2

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL CIFUENTES

305

9449755

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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. SIETE27, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. NEVADA 3. 90-0776454
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/03/2011 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/12/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1122 W CYPRESS DR. Pompano BEACH FL 33069
(Principal office address)

1122 W CYPRESS DR. Pompano BEACH FL 33069
(Current mailing address, if different)

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

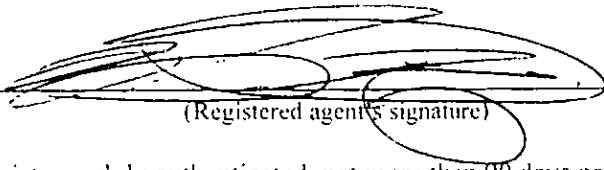
Name: SILVAS FINANCIAL SERVICES, LLC.

Office Address: 5220 S UNIVERSITY DR. SUITE C-102

DAVIE, Florida 33328
(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.


(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

Chairman: DANIEL A THOMPSON

Address: 1122 W CYPRESS DR
POMPANO BEACH, FL 33069

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: VICENTE BANGO ROBLES

Address: 1122 W CYPRESS DR
POMPANO BEACH, FL 33069

Vice President: _____

Address: _____


Secretary: AMADOR A MARIN

Address: 1122 W CYPRESS DR, POMPAÑO BEACH, FL 33069

Treasurer: JULIO BANGO

Address: 1122 W CYPRESS DR, POMPAÑO BEACH, FL 33069

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

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. JULIO BANGO/TREASURER

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

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SIETE27, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 3, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 12, 2017.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20171012-0178
You may verify this electronic certificate
online at <http://www.nvsos.gov/>