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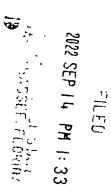
(Requestor's Name)				
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	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
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	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			
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Office Use Only



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T. LEMIEUX SEP 2 U 2022

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Paniagua Enterprises Incorp	orated		
		of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Standir	ng" and check are subn	Business in Florida." nitted to register the
Please return	all correspondence concerr	ing this matter to	the following:	
Robin Cornish			•	
		Name of Per	rson	
Paniagua Enter	prises Incorporated			
	· · · · · · · · · · · · · · · · · · ·	Firm/Compa	ny	
2114 Owls Nes	t Way	•	•	
		Address		
Jessup MD 207	94			
		City/State and	Zip code	
robin.cornish@	paniaguas.net	-	•	
	E-mail addres	s: (to be used for	future annual report no	tification)
For further inf	ormation concerning this n	natter, please call:		
Robin Cornish		at ()	831-6908	
Name	of Person	Area Code	Daytime Telepho	one Number
Regist Divisi The C 2415 (ET/COURIER ADDRES ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a c Please make che □ \$70.00 Filin	check for the following amount payable to: FLORIDA Dispose Fee S78.75 Filin Certificate of	EPARTMENT OF g Fee & 🔲 \$7	STATE 78.75 Filing Fee & ertified 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.

(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "Crp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila Maryland	ble in Florida, enter alternate corporate name ado	2-179-4034	Florida)
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. August 5, 1992		/A	
4(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. N/A			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502) Drive Unit #207. Bradenton FL 34211	orida, if prior to registration) F.S., to determine penalty liability)	2022
7	(Principal office	street address)	SEP I
	(Current mailing a	ddress, if different)	יובר ביי
8. Name and stree Name:	at address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	2022 SEP 14 PM 1: 32
	7888 67th Court North		
Office Address:	Loxahatchee	, Florida 33470 (Zip code)	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and agree to act in to tive to the proper and complete performat	nis capacity. 🕡 🗀

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	Jaime Paniagua Name:	_□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address: 2114 Owls Nest Way
□Director	Jessup, MD 20794	□Director	Jessup, MD 20794
President		□President	
□Vice President		☑ Vice President	
☐Secretary	Treasurer	□Secretary	□Treasurer
□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
□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
12. The officer or dire	Use an attachment to report more than six (6). The attale added to the index when filing your Florida Department Signature of Director of Signature of Director of Control of Signature of Director of Control of Signature of Director of Control of Signature of Director of Signature of S	ent of State Annual R or Officer of Habove) affirms (hat the facts stated herein are true and that he or
13. Robin Co	rnish VICE PRESIDE	NT.	m)
	rryped or printed name and capacity or person	or against apprication	•••

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PANIAGUA ENTERPRISES, INCORPORATED (D03480597), INCORPORATED AUGUST 05, 1992, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL

ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 30, 2022.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: Rsn2qKKOR0GlcGzZtQe9-g To verify the Authentication Code, visit http://dat.maryland.gov/verify