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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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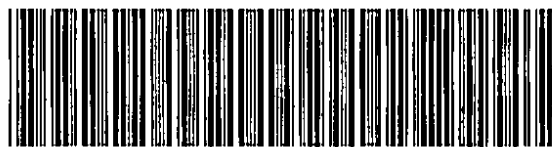
(Business Entity Name)

(Document Number)

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S. FRANKLIN

DEC _ 9 2022

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: CHAGOD TOUR JAMAICA LIMITED, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ramon Reyes P.A.
Name of Person

Firm/Company

5035 PALM AVE
Address

HIALLAH, FL. 33012
City/State and Zip Code

INFO@RAMONREYESPA.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ramon Reyes at (305) 822-0669
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CHAGOD TOUR JAMAICA Limited, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CHAGOD TOUR JAMAICA Limited
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 11/01/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8870 S.W. 40th ST
(Street Address of Principal Office)

6. 8870 S.W. 40th ST
(Mailing Address)

MIAMI, FL 33165

MIAMI FL 33165

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

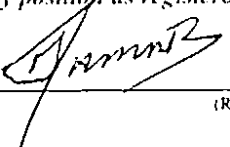
Name: Guillermo M. TORRES Ochoa

Office Address: 11861 SW 18th ST. Apt. 6

MIAMI, Florida 33175
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

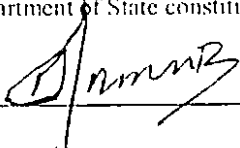
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>GUILLERMO M. TORRES OCHOA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11861 S.W. 18th ST.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>APT. 6</u>	<input type="checkbox"/> Authorized	_____
Person	<u>MIAMI, FL 33175</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person
GUILLERMO M. TORRES OCHOA

Typed or printed name of signer

CERTIFICATE OF INCORPORATION

CERTIFICATE OF INCORPORATION ON CHANGE OF NAME

TouchSafe



CHAGOD TOUR JAMAICA LIMITED

Formerly

SHAGO TOURS JAMAICA LIMITED

was incorporated as a limited company under the Companies Act on the

ELEVENTH day of **FEBRUARY** Two Thousand And Twenty One

And Whereas by special resolution of the Company and with the approval of the Registrar it has changed its name

Now therefore I hereby certify that the Company is a limited company incorporated under the name of

CHAGOD TOUR JAMAICA LIMITED

Given under my hand at St. Andrew, this

FIFTEENTH day of **MARCH** Two Thousand And Twenty Two

S. Leon

SHELLIE LEON
For Registrar of Companies

Company Number: 107433

2022 NOV 21 PM 4:10

CERTIFICATE OF INCORPORATION

34.07.15.2014



Companies Office of Jamaica
1 Grenada Way
Kingston 5
Jamaica W.I.

Tel: (876) 908.4419-24
Fax: (876) 908.4425 / (878) 860.7152

Web: <http://www.orc.jamaica.com>
Email: info@orc.jamaica.com

The Companies Office of Jamaica is an Executive Agency of the Ministry of Industry, Investment and Commerce



THE COMPANIES ACT

APPROVAL OF CHANGE OF NAME

(Under Section 17 of the above Act)

I, the undersigned an Officer duly authorized to sign on behalf of the Registrar of Companies in exercise of the power conferred upon me by Section 17 of the Companies Act DO HEREBY APPROVE the change of the name

SHAGO TOURS JAMAICA LIMITED

to

CHAGOD TOUR JAMAICA LIMITED

as of date FIFTEENTH day of MARCH Two Thousand And Twenty Two

Dated at St. Andrew this TWENTY-FIRST day of MARCH Two Thousand And Twenty Two

SHELLIE LEON

For Registrar of Companies

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