

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000121192 3)))



H150001211923ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DELTA BOX CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

MAY 20 2015

S. GILBERT

15 MAY 19 AM 9:45

FILED

15 MAY 19 PM 4:22

RECEIVED

03/30/2033 05:19  
FROM

#3205 P.002/005

(TIME) MAY 10 2035 10:00/ST. 10:28/NO. 7501285120 P. 2

H15000121192

ARTICLES OF INCORPORATION

of

DELTA BOX CORP.

We, the undersigned, hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida, and under the statute of the State of Florida providing for the formation, rights, privileges, immunities and liabilities of incorporating for profit, it is:

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

DELTA BOX CORP.

ARTICLE II

The corporation shall engage in any activity or business permitted under the laws of the State of Florida and of the United States America.

ARTICLE III

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 5,000 shares of common stock, ~~which shall be common stock with no par value~~ (shall have a par value of \$ 2.00 per share).

All stock is to be issued as fully paid and exempt from assessment.

ARTICLE IV

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the By-Laws or written agreement amongst the stockholders which shall be on file in the office of the offices of the corporation so named in Article VII herein. The By-Laws may provide for cumulative voting by stockholders at all elections of the directors of the corporation.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 19 AM 9:46

FILED

H15000121192

03/30/2033 05:19  
FROM

#3205 P.003/005  
(TUE) MAY 19 2016 10:30/ST. 10:29/NO. 7501205140 P. 3

H15000121192

#### ARTICLE V

The amount of capital with which this corporation may begin business shall not be less than Five Hundred (\$500.00) Dollars.

#### ARTICLE VI

The existence of the corporation is perpetual.

#### ARTICLE VII

The initial principal address and registered offices of the corporation in the State of Florida shall be 7884 NW 46 Street, Miami Florida 33166. The Board of Directors may from time to time move the principal offices to any other address within the State of Florida. The registered agent is: Daniela Mendoza Carvallo Address: 7884 NW 46 Street, Miami, Fl. 33166

#### ARTICLE VIII

The business of the corporation shall be managed by a Board of Directors consisting of not less than (1) nor more than (5) directors. A quorum for the holding of a meeting of the Board of Directors, and for the transaction of any business properly carried out by the directors on behalf of the corporation, shall consist of a majority of the members thereof. But, the directors, by unanimous consent in writing, included in the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though a formal meeting had been held pursuant to call being duly made and as though the said act had been completed and authorized at a meeting at which a quorum had been present, and / or such duties may be delegated to an "Executive Committee".

#### ARTICLE IX

The names and post office addresses of the members of the first Board of Directors and slate of corporate officers are as follows:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Yobet A. Henriquez Ysla	Pres/D	7884 NW 46 Street, Miami, Fl. 33166
Daniela Mendoza Carvallo	Sec/D	7884 NW 46 Street, Miami, Fl. 33166
Robert J. Gonzalez Cedeno	Tsr/D	7884 NW 46 Street, Miami, Fl. 33166
Carlos E. Chalbaud Briceno	VP/D	7884 NW 46 Street, Miami, Fl. 33166

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03/30/2033 05:19  
FROM

#3205 P.004/005

(TUE) MAY 18 2016 10:00/ST. 10:29/No. 7501205140 P. 4

H15000121192

ARTICLE X

The names and post office addresses of the subscribers to the Articles of Incorporation, and the number of shares of stock that they agree to take are as follows:

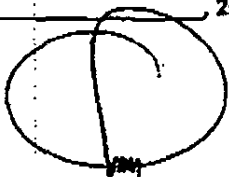
Daniela Mendoza Carvallo 1,500 shrs \$3,000.00

ARTICLE XI

The stock of the corporation may be issued pursuant to the provisions under \* 1244 of the Internal revenue code in order for the stockholders of the corporation may receive the benefits thereunder.

IN WITNESS WHEREOF: We have hereunto set our hands and seals this

7<sup>th</sup> day of MAY 20 15

  
\_\_\_\_\_  
(SEAL)  
  
\_\_\_\_\_  
(SEAL)  
  
\_\_\_\_\_  
(SEAL)

H15000121192

03/30/2033 05:19  
FROM

#3205 P.005/005  
(TUE) MAY 19 2015 10:30/ST. 10:29/No. 7501285140 P 5

H15000121192

**CERTIFICATION OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is : DELTA BOX CORP.

2. The name and the address of the registered agent and office is :

Daniela Mendoza Carvallo  
(Name )

7884 NW 46 Street  
(PO BOX NOT ACCEPTABLE)

Miami, Florida 33166  
City / State / Zip

Signature [Signature]  
(corporate officer)  
Title Secretary

Date May 7, 2015

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature [Signature]  
Date May 7, 2015

REGISTERED AGENT FILING FEE: \$35.00

H15000121192

May. 19. 2015 3:49PM AGarica  
INTERNAL REVENUE SERVICE  
CINCINNATI IRS CAMPUS  
ATTN: EIN OPERATION  
CINCINNATI, OH 45999  
FAX: (859) 669-5760  
PHONE: 1-800-829-4933



No. 0724 P. 1  
IRS Employee # 0244874856  
Team # 408  
Date: April 30, 2015

**Request for Missing Information or Papers to Complete Form SS-4**

**To: AMADO GARCIA CPA**

**Fax: (305)273-6564**

We are returning your Form SS-4 (Application for an Employer Identification Number) because we need more information to process it. Please complete the missing information indicated below and send the original documents to us at the address or fax listed above. In case we need further information, please provide us with your telephone number and the best hours to contact you.

Telephone: (305) 273-6525  
Fax: (305) 273-6564  
Hours Available: 9:00 AM - 5 PM

**PLEASE NOTE:**

**IMPORTANT:** In order to fulfill your request for an EIN we will need you to supply us with the information indicated below along with the completed Form SS-4 and all other paperwork originally sent. Please include this coversheet and FAX them to Fax listed above.

A signed Form 2848 or 8821 must accompany all Third Party requests.  
The mailing address on Lines 4a & 4b must be that of the taxpayer unless accompanied by Form 2848 or 8821 indicating specific tax matters (e.g. 1120 and tax year).

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication to the address above via the United States Postal Service. Thank you.



No. 0724 P. 2

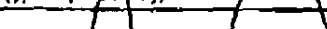
Department of the Treasury  
Internal Revenue Service

3:49PM RUA Africa  
by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line.    ► Keep a copy for your records.

# 1. Einführung

1 Legal name of entity (or individual) for whom the EIN is being requested <b>MATRIX, INC.</b>		
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>11440 N. KENDALL DR SUITE 401</b>		5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code (if foreign, see instructions) <b>MIAMI, FL 33176</b>		5b City, state, and ZIP code (if foreign, see instructions)
6 County and state where principal business is located <b>MIAMI-DADE, FLORIDA</b>		
7a Name of responsible party <b>MARIA DEL CARMEN ALEGRIA-FRANCO</b>		7b SSN, ITIN, or EIN <b>PERU NATIONAL PSPW: C250048</b>
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>Apply</b>
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) <b>1120</b> _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprise Group Exemption Number (GEN) if any _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FLORIDA</b> Foreign country _____
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) <b>03/18/15</b> _____ <input type="checkbox"/> Hired employees (Check this box and see line 13.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____		
11 Date business started or acquired (month, day, year). See instructions. <b>04/30/15</b>		12 Closing month of accounting year <b>DEC 31</b>
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural _____ Household _____ Other _____		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<b>REAL ESTATE RENTAL</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here _____		

Third Party Designee Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
Designee's name <b>AMADO GARCIA, CPA</b>	Designee's telephone number (include area code) ( 305 ) 273-6525
Address and ZIP code 11440 N. KENDALL DR SUITE 401, MIAMI, FL 33176	Designee's fax number (include area code) ( 305 ) 273-6564
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code) ( )
Name and title (type or print clearly) ▶ <b>MARIA DEL CARMEN ALEGRIA-FRANCO PRESIDENT</b>	Applicant's fax number (include area code) ( )
Signature ▶ 	Date ▶ <b>4/30/15</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cal. No. 16055N

Form SS-4 (Rev. 1-2010)

FBI ADD 2 10 2008  
JAN-04-2008 00:44

P.02/02

**Form 2848**  
(Rev. March 2012)  
Department of the Treasury  
Internal Revenue Service

# Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name

Telephone

Function

Date

**Part I Power of Attorney**

Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

MARTRIX, INC.

11440 N. KENDALL DR SUITE 401

MIAMI, FL 33176

Taxpayer identification number(s)

**APPLIED FOR**

Daytime telephone number

305-273-6526

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address

AMADO GARCIA, CPA

11440 N. KENDALL DR. SUITE 401

MIAMI, FL 33176

Check if to be sent notices and communications ☒

CAF No. 6500-18527R

PTIN P00440160

Telephone No. 305-273-6526

Fax No. 305-273-6564

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

PTIN

Telephone No.

Fax No.

Check if to be sent notices and communications ☐Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

PTIN

Telephone No.

Fax No.

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
INCOME TAX / EIN APPLICATION	1120	2015, 2016, 2017, 2018, 2019
EMPLOYMENT TAX	941, 940, 944	2015, 2016, 2017, 2018, 2019
ALL OTHER TAX MATTERS / EIN# APPLICATION	ALL OTHER TAX FORMS / SS4	2016, 2016, 2017, 2018, 2019

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐

**5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

☒ Disclosure to third parties; ☐ Substitute or add representative(s); ☐ Signing a return;

☐ Other acts authorized:

(see instructions for more information)

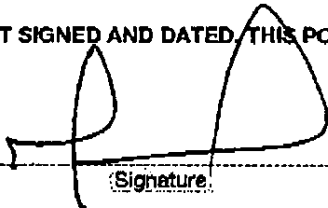
**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:

- 6 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐ **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 **Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**



(Signature)

03/18/15

Date

PRESIDENT

Title (if applicable)

MARIA DEL CARMEN ALEGRIA-FRANCIS

Print Name

☐☐☐☐☐

PIN Number

MARTRIX, INC.

Print name of taxpayer from line 1 if other than individual

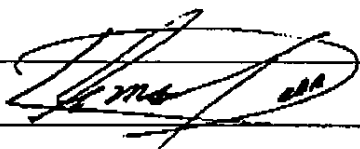
**Part II Declaration of Representative**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LTC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation—Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
B	FLORIDA	AD66541		3/18/15