

P18000060816

(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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18 JUL 12 AM 10:53

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18 JUL 12 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2018

T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Islas Tropicales Corporation
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Other: Domestication

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ISLAS TROPICALES CORPORATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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LAURA KOHN

Name (printed or typed)

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City, State & Zip

(305) 444-6226

Daytime Telephone Number

LAURA@ARAZOZA.COM

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

CERTIFICATE OF DOMESTICATION

The undersigned, SILVIO DI BENEDETTO DIRECTOR/PRESIDENT
(Name) (Title)

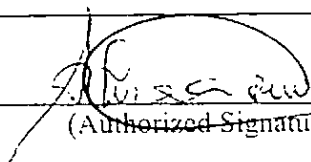
of ISLAS TROPICALES CORPORATION a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was SEPTEMBER 04, 2000
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was BRITISH VIRGIN ISLANDS
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ISLAS TROPICALES CORPORATION
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ISLAS TROPICALES CORPORATION
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was BRITISH VIRGIN ISLANDS
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am DIRECTOR/PRESIDENT, of ISLAS TROPICALES CORPORATION

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20th day of JUNE, 2018


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ISLAS TROPICALES CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

1205 CASTILE AVENUE
CORAL GABLES, FL 33134

1205 CASTILE AVENUE
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS
PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE
OF FLORIDA.

THIS CORPORATION IS TO EXIST PERPETUALLY.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

50,000 SHARES \$1.00 EACH

THE NUMBER OF SHARES OF STOCK IS: _____

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

SILVIO DI BENEDETTO, D/P/S

1205 CASTILE AVENUE

CORAL GABLES, FL 33134

Title/Name

MARIA DI BENEDETTO, D/VP/T

1205 CASTILE AVENUE

CORAL GABLES, FL 33134

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:


SILVIO DI BENEDETTO
1205 CASTILE AVENUE
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

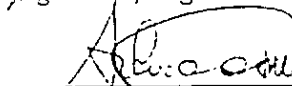
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

SILVIO DI BENEDETTO
1205 CASTILE AVENUE
CORAL GABLES, FL 33134

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.


Signature/Registered Agent

JULY 10/2018
Date


Signature/Incorporator

JULY 10/2018
Date

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TALLAHASSEE, FLORIDA