

**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.

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

From:  
Account Name : TAX CARE CELEBRATION  
Account Number : I20190000007  
Phone : (786)845-8854  
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

*[Handwritten signature]*  
4/22/22

**FLORIDA PROFIT/NON PROFIT CORPORATION**

Bertelo Usa Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED  
2022 APR 27 PM 4:11  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

2022 APR 27 PM 1:37

## COVER LETTER

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

SUBJECT: BERTELO USA INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: TAX CARE CELEBRATION  
Name (Printed or typed)

1400 NW 107TH AVE STE 203  
Address

SWEETWATER FL 33172  
City, State & Zip

786 845-8854  
Daytime Telephone number

jessica.torres@taxcareinc.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

2022 MAR 27 PM 1:37

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: BERTELO USA INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1400 NW 107TH AVE STE 203

1400 NW 107TH AVE STE 203

SWEETWATER FL 33172

SWEETWATER FL 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR  
WHICH A CORPORATION CAN BE INCORPORATED IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PUIG CARRERAS, JOSEP-DIR

Name and Title: \_\_\_\_\_

Address 2630 W BROWARD BLVD

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

STE 203 NO. 747

FORT LAUDERDALE, FL 33312

Name and Title: PUIG IMPORTACIONS MUNDIALS

Name and Title: \_\_\_\_\_

Address DE CARBO I ALTRES, SLU - CEO

CARRETERA DEL PLANS. EDIF. CABANETA 3R 2A

AD 100 CANILLO-RANSOL

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

2012 FEB 27 PM 1:37

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAX CARE CELEBRATION

Address: 1400 NW 107TH AVE STE 203

SWEETWATER FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PUIG CARRERAS, JOSEP

Address: 2630 W BROWARD BLVD, STE 203 NO. 747

FORT LAUDERDALE, FL 33312

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent 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*

Gabriel Hatam  
Required Signature/Registered Agent

04/25/2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

JP  
Required Signature/Incorporator

04/25/2022  
Date

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