

4/15/22, 12:17 PM  
 Division of Corporations  
**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.

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**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 : 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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

*Bertelo Usa Inc.*

RECEIVED  
 2022 APR 27 PM 4:11  
 CORPORATION'S  
 COMMERCIAL  
 SERVICES

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

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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, 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.**

RECEIVED

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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 04/25/2022  
Required Signature/Registered Agent 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 04/25/2022  
Required Signature/Incorporator Date

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