P95000052916

TRANSMITTAL LETTER

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

-02/03/95--01051--006
*****78.75 *****78.75

SUBJECT: Araucadia Inc.
(Proposed corporate name - must include suffix)

FILED

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

- ☐ $70.00 Filing Fee
- ☒ $78.75 Filing Fee & Certificate
- ☐ $122.50 Filing Fee & Certified Copy
- ☐ $ .31.25 Filing Fee, Certified Copy & Certificate

FROM: Jennifer Espejo
Name (printed or typed)

12001 Biscayne Blvd # 113A
Address

No. Miami, Fl. 33181
City, State & Zip

305-531-8548
Daytime Telephone number

FILED 10 1995 BSB

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

FILED

95 JUL -2 PM 1:03

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARAUCANIA Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12001 Biscayne Blvd. # 113A

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer Espejo
12001 Biscayne Blvd. # 113A
No. Miami, Fl. 33181

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jennifer Espejo
12001 Biscayne Blvd. # 113A
No. Miami, Fl. 33181

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of June, 19 95.

Jennifer Espejo
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: ARAUCANIA INC.

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

Jennifer Espejo
(Name)

12001 Biscayne Blvd #113 A
(P.O. Box not acceptable)

N. Miami Fl. [redacted]
(City/State/Zip)

FILED

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.

Jennifer Espejo
(Signature)

6/29/95.
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P95000052916

DEBIT MEMORANDUM

FOR OFFICIAL USE

TO :
DEPARTMENT OF STATE

DATE 7/25/95

NUMBER 216

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,326.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	1,326.75	OTHER	4

2

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	28.00
12	45-20-2-130001-45300000-00-000100-00	1	50.00
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	4	87.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	131.25
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00

'18·75
15·00

GRAND TOTAL: $ 1,326.75

60216-D

RECEIVED

Process Date: 07/14/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT -4 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052916

1. Corporation Name

ARAUCANIA INC.

Principal Place of Business
12001 BISCAYNE BLVD #113A
NORTH MIAMI BEACH FL 33181

Mailing Address
12001 BISCAYNE BLVD #113A
NORTH MIAMI BEACH FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/03/1995

5. FEI Number: 65 0607334 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.S.T. D	Jennifer Espejo	12001 Biscayne Blvd #113A	N. Miami Beach Fl. 33181

100001976791--1
-10/16/96--01045--025
****375.00 ****375.00

REINSTATEMENT

96
a. allen
10-4-96

8. Name and Address of Current Registered Agent

ESPEJO, JENNIFER
12001 BISCAYNE BLVD #113A
NORTH MIAMI BEACH FL 33181

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jennifer Espejo
REGISTERED AGENT MUST SIGN
Date 9-19-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director, or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jennifer Espejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-891-7479
Daytime Phone #

CRLE040 (7/96)

0048684 AF