

F16000002621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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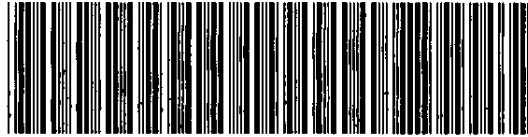
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUN 09 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

EMPRESAS CAYO BUI INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
EMILIO PEREZ

Name of Person

EP FINANCIAL, LLC

Firm/Company

PO BOX 1145

Address

GOLDENROD/FL 32733-1145

City/State and Zip code

empresascayobui@gmail.com

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

For further information concerning this matter, please call:

EMILIO PEREZ

407

673-2888

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

EMPRESAS CAYO BUI INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO 3. 66-0805317
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 19, 2013 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. URB. HACIENDA PALOMA 31 ARAUCANA LUQUILLO, P.R. 00773-3035
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: EMILIO PEREZ

Office Address: 1943 BROOKS LANE

OVIEDO, Florida 32765
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: VICTOR M. CASTRO
Address: URB. HACIENDA PALOMA 31 ARAUCANA
LUQUILLO, P.R. 00773-3035

Vice Chairman: NOREMIL M. PIMENTEL
Address: URB. HACIENDA PALOMA 31 ARAUCANA
LUQUILLO, P.R. 00773-3035

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: VICTOR M. CASTRO
Address: URB. HACIENDA PALOMA 31 ARAUCANA
LUQUILLO, P.R. 00773-3035

Vice President: NOREMIL M. PIMENTEL
Address: URB. HACIENDA PALOMA 31 ARAUCANA
LUQUILLO, P.R. 00773-3035

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. VICTOR M. CASTRO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

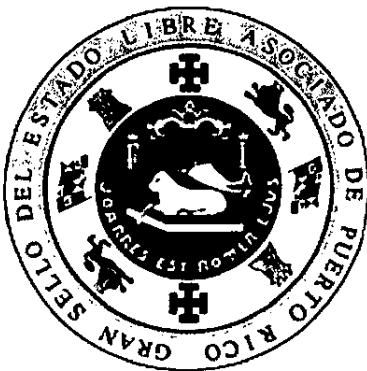


Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **EMPRESAS CAYO BUÍ INC.**, register number **327191**, a for profit domestic corporation, organized under the laws of Puerto Rico on **June 19, 2013**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 27, 2016**.

VÍCTOR A. SUÁREZ MELÉNDEZ
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of

Certificate Validation Number: **163098-84379340**