

F23000001730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

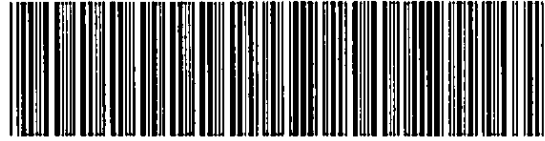
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/23--01011--024 **78.75

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AND
FILED
2023 MAR 24 PM 12:46

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W23-14191



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2023

PAULA AYRES
15808 BISCAYNE BLVD STE 201
AVENTURA, FL 33160 US

SUBJECT: MENIELOS S.A.
Ref. Number: W23000014191

We have received your document for MENIELOS S.A. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

STANTON H ROBERTS
Regulatory Specialist II

Letter Number: 423A00002551

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANIELOS S.A.

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:

PAULA AYRES

Name of Person

Firm/Company

15808 BISCAYNE BLVD STE 201

Address

AVENTURA, FL 33160

City/State and Zip code

DATA@CONTADORUSA.COM

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

For further information concerning this matter, please call:

PAULA AYRES

at (305) 260-6968

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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.

1. MANIELOS S.A. Corp
(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. URUGUAY 3. 98-1704346
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/13/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 12/28/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 15805 Biscayne Blvd ste 201, Aventura, FL 33160
(Principal office street address)

15805 Biscayne Blvd ste 201, Aventura, FL 3316
(Current mailing address, if different)

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

Name: CSI RA LLC

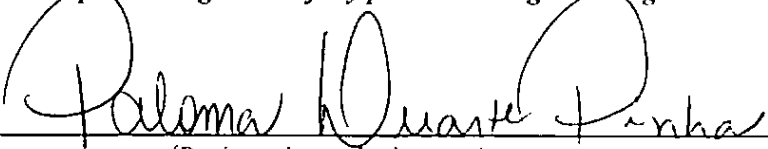
Office Address: 15805 Biscayne Blvd ste 201

AVENTURA, Florida 33160
(City) (Zip code)

2023 MAR 24 PM 12:46
APPROVED
FILED

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

Chairman Name: ANTONIO JOAO R. PRESTES
 Vice Chairman Address: 15805 BISCAYNE BLVD
 Director STE 201
 President AVENTURA, FL 33160
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. ANTONIO JOAO RIBEIRO PRESTES
(Typed or printed name and capacity of person signing application)



ata MEMBER
 American Translators Association
 #272128
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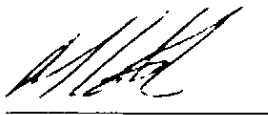
Certification of Translation Accuracy

Translation of **Taxpayer Annual Certificate of Good Standing**
 from **Spanish to English**

We, Print & Post Inc., a professional translation services agency, hereby certify that the above-mentioned document has been translated by an experienced, qualified and competent professional translator, fluent in the above-mentioned language pair and that, in our best judgment, the translated text truly reflects the content, meaning and style of the original text and constitutes in every respect a complete and accurate translation of the original document. The document has not been translated for a family member, friend, or business associate.

This is to certify the correctness of the translation only. We do not make any claims or guarantees about the authenticity or content of the original document. In addition, Print & Post Inc. assumes no liability for the way in which the translation is or may be used by the customer or by any third party, including end-users of the translation.

A copy of the translation is attached to this certification.

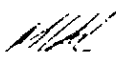


Michael Kroth
 President



Print & Post Inc.
 18117 Biscayne Boulevard
 Miami, FL 33160
 United States
 Phone: (786) 603 9279

I, Michael Robert Kroth, certify that I am fluent (conversant) in the English and Spanish languages, and that the above/attached document is an accurate translation of the attached document entitled TAXPAYER ANNUAL CERTIFICATE OF GOOD STANDING.

Signature:  Date: 01/03/2023
 Address: 18117 Biscayne Boulevard, Miami, FL, 33160 | Tel. (786) 603 9279



ata MEMBER
American Translators Association
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DGI GENERAL TAX ADMINISTRATION	CERTIFICATE	6905 VERSION 00
	CONSULTATION OF ANNUAL CERTIFICATE OF GOOD STANDING AND VALIDITY	

RUT (TAX ID): 217823650011 Certificate number: 690500221109387

Name: MANIELOS S.A. Date: 12/30/2022

Tax Domicile: PARAGUAY 2141 Apto: 407B – MONTEVIDEO

Taxpayer Type: NOT SUBJECT TO SPECIAL CONTROL

Status: Annual Certificate of Good Standing up to date.

Issued: 11/09/2022

Expiry: 10/31/2023



CONSTANCIA	6905
CONSULTA DE CERTIFICADO DE VIGENCIA ANUAL	
VERSIÓN 00	

RUT	217823650011	N° de Constancia	690500221109387
Denominación	MANIELOS S.A.	Fecha	30/12/2022

Domicilio Fiscal:	PARAGUAY 2141 Apto: 407B - MONTEVIDEO
Tipo de Contribuyente:	NOCEDE
Estado:	Certificado de Vigencia Anual Habilitado.
Emisión:	09/11/2022
Vencimiento:	31/10/2023