



## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBEY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORESTURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CPRETIFICATE.

I FURTHER CERTIFY THAT LA SIRENITA RESTAURANT INC. (DOAR20239), INCORPORATED OCTOBER 31, 1997, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN 1TS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 27, 2021.

MJANGS Michael L. Higgs

Director

301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TTVivice

> Online Certificate Authentication Code: 7j41EOBRWkulVrhFTqvMfg To verify the Authentication Code, visit http://dat.maryland.gov/verify

ACORD (					ERTIFICATE OF LIABILITY INSURANCE						3/25/2022		
BI	ERT	IFICATE DOES W. THIS CER	S N	OT AFFIRMAT	VELY	NCE	OF INFORMATION ONLY A R NEGATIVELY AMEND, EX DOES NOT CONSTITUTE ERTIFICATE HOLDER.	TEND OR ALT	TER THE CO	VERAGE AFFORDED	TE HO	OLDER. THIS HE POLICIES	
If	SU	BROGATION IS	SV	VAIVED, subject	t to	the	DITIONAL INSURED, the poli terms and conditions of the ficate holder in lieu of such of	policy, certain	policies may				
			1101	comer ngme		0011		TACT					
PRODUCER ntegrated Insurance Solutions 5356 Shawnee Road Suite 110 Alexandria, VA 22312								PACKERS, jaguilar@integrated-usa.com				) 916-1212	
								IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
							INS	INSURER A : Erie Insurance Company				26263	
INSURED								INSURER B : Erie Insurance Exchange				26271	
NOGALES DESIGN INC 33 W Main St New Market, MD 21774								INSURER C:					
								INSURER D :					
								INSURER E : INSURER F :					
00		RAGES		OFF	TIFIC		NUMBER:	URER F :		REVISION NUMBER:			
TINCE	HIS	IS TO CERTIFY ATED. NOTWIT IFICATE MAY BE	F IS	AT THE POLICII FANDING ANY F	EQUIPERT PERT POLICE	REMI AIN, DIES,	SURANCE LISTED BELOW HAV ENT, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BEE	N REDUCED BY	PAID CLAIMS	ED HEREIN IS SUBJECT	O AL	OLICY PERIOD TO WHICH THIS L THE TERMS,	
NSR LTR		TYPE OF II			ADDL. INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	4 000 000	
A	X	X COMMERCIAL GENERAL CLAIMS-MADE X					Q61-0090513	4/13/2022	4/13/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	S	1,000,000	
		GOMMONIA		A COLON			Q01-0030513	4/13/2022	4/13/2023	MED EXP (Any one person)	5	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GENL AGGREGATE LIMIT APPLIES PER:  X POLICY PRO: LOC									GENERAL AGGREGATE	\$	2,000,000	
										PRODUCTS - COMP/OP AGG	s	2,000,000	
	OTHER:						11.			5			
В	AUTOMOBILE LIABILITY							7/2/2022	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,00		
	ANY AUTO					Q07-0231043	7/2/2021		BODILY INJURY (Per person)	\$			
		OWNED X SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	1					_					\$		
		UMBRELLA LIAB EXCESS LIAB		OCCUR CLAIMS-MADE						EACH OCCURRENCE	\$		
									AGGREGATE		\$		
-	DED RETENTION \$ WORKERS COMPENSATION					-				PER OTH- STATUTE ER	8		
	AN	WORKERS COMPENSATION AND EMPLOYERS' LABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OF PICER/MEMBER EXCLUDED?  (Mandatory in NH)								E.L. EACH ACCIDENT	\$		
	OF I	ICER/MEMBER EXC	LUDI	ED?	N/A					E.L. DISEASE - EA EMPLOYER			
	If y	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT			
DES	CRIP	TION OF OPERATIO	ONS /	LOCATIONS / VEHIC	LES (A	ACOR	D 101, Additional Remarks Schedule, n.	nay be attached if me	ore space is requ	ired)			
CE	RTI	FICATE HOLD	ER				C	ANCELLATION	1				
PROOF OF INSURANCE								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							AL	(Wisader	STATE OF THE PARTY	1			

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NOGADES-01

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JAGUILAR

Se necesitan esta cuatro (4) cosas You need these four (4) things

ACORD 25 (2016/03)