# F1000000520

(Requestor's Name)				
(Address)				
(Address)				
(131055)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Bacardi Business S	olutions, Inc.		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Certabove referenced foreign corporation."	tificate of Good Stan-	ding" and check are subn	
Please return all correspondence c	oncerning this matter	to the following:	
Rafael G. Prohias			
	Name of	Person	
Bacardi-Martini, Inc.		=	
	Firm/Com	pany	
2701 LeJeune Road			
	Addre	ess	· · · · · · · · · · · · · · · · · · ·
Coral Gables, FL 33134			
	City/State a	nd Zip code	•
jjtoro@bacardi.com			
E-mail	address: (to be used f	or future annual report no	otification)
For further information concerning	g this matter, please c	all:	
Rafael G. Prohias	at ( <sup>786</sup>	264-7969	
Name of Person		Code & Daytime Telepho	one Number
STREET/COURIER AD New Filing Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations
Enclosed is a check for the follow	ing amount:		
	75 Filing Fee & Gificate 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)    Delaware	N/A		
(State or country under the law of which it is incorporated)  December 22, 2009 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2701 Le Jeune Road, Coral Gables, FL 33134  (Principal office address)  Same as above  (Current mailing address)  Any lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  1200 South Pine Island Road  Plantation  , Florida 33324	(If name unavail	able in Florida, enter alternate corp	rporate name adopted for the purpose of transacting business in Florida)
December 22, 2009   5   Perpetual (Duration: Year corp. will cease to exist or "perpetual")			3
(Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2701 Le Jeune Road, Coral Gables, FL 33134  (Principal office address)  Same as above  (Current mailing address)  Any lawful business (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  Florida 33324	(State or country	under the law of which it is incorp	rporated) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2701 Le Jeune Road, Coral Gables, FL 33134  (Principal office address)  Same as above  (Current mailing address)  Any lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  1200 South Pine Island Road  Plantation  Florida 33324			5. Perpetual
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2701 Le Jeune Road, Coral Gables, FL 33134  (Principal office address)  Same as above  (Current mailing address)  Any lawful business  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  1200 South Pine Island Road  Plantation , Florida 33324			<b>3</b> 0 6
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Plantation , Florida 33324	(Purpose(s	e) of corporation authorized in homest address of Florida registered a	
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(City) (Zip code)	(Purpose(s Name and stree	of corporation authorized in homet address of Florida registered a  CT Corporation System  1200 South Pine Island Road	agent: (P.O. Box NOT acceptable)
	(Purpose(s Name and stree	et address of Florida registered a  CT Corporation System  1200 South Pine Island Road	agent: (P.O. Box <u>NOT</u> acceptable)  ad, Florida 33324
	(Purpose(s Name and stree Name: fice Address:	et address of Florida registered a  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance:	agent: (P.O. Box NOT acceptable)  ad, Florida 33324 (Zip code)
wing been named as registered agent and to accept service of process for the above stated corporation at the planting this application. I haraby accept the appointment as registered agent and agree to got in this capacity.	(Purpose(s Name and stree Name: fice Address:  Registered againing been name	et address of Florida registered a  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance:  ed as registered agent and to acceptance in home  continuous continuou	agent: (P.O. Box NOT acceptable)  ad
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	(Purpose(s Name and stree Name: fice Address:  Registered againg been namesignated in this	et address of Florida registered a  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to acapplication, I hereby accept the	agent: (P.O. Box NOT acceptable)  ad
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci other agree to comply with the provisions of all statutes relative to the proper and complete performance of my	(Purpose(s Name and stree Name: ffice Address:  Registered againg been names ignated in this orther agree to come and street agree to come and the street agree to come ag	et address of Florida registered a  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to acceptive application, I hereby accept the amply with the provisions of all	agent: (P.O. Box NOT acceptable)  ad
aving been named as registered agent and to accept service of process for the above stated corporation at the pla signated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ad I am familiar with and accept the obligations of my position as registered agent.	(Purpose(s Name and stree Name: ffice Address:  O. Registered agaving been names ignated in this rther agree to co	et address of Florida registered a  CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to accept the omply with the provisions of all with and accept the obligation.	agent: (P.O. Box NOT acceptable)  ad, Florida 33324
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11. 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
\$4.00 and
B. OFFICERS
Ducition, Oscar Suarez
Address: c/o Tradall Americas, Inc.
12200 North Main Street, Jacksonville, FL 32218
The state of the s
Vice President: Robert DiMartino
Address: c/o Bacardi-Martini, Inc. 2701 Le Jeune Road, Coral Gables, FL 33134
Secretary: Rafael G. Prohias
Address: c/o Bacardi-Martini, Inc., 2701 Le Jeune Road, Coral Gables, FL 33134
Treasurer: Paul Waring
Address:
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
1 Triduce
(Signature of Director or Officer listed in number 12 of the application)
14. Rafael G. Prohias, Secretary
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BACARDI BUSINESS SOLUTIONS, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY

OF JANUARY, A.D. 2010.



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AUT!

AUTHENTICATION: 7774236

DATE: 01-22-10

You may verify this certificate online at corp.delaware.gov/authver.shtml