

F200000005123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

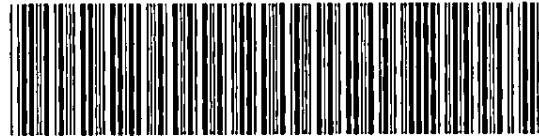
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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11/16/20--01001--013 **70.00

RECEIVED

2020 NOV 13 PM 3:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

20 NOV 13

PM 9:11

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

70.1

Business Name & Document Number, (if known):

1. SUNDALE S.A. Corp

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☐ Certified Copy of:

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC

☒ OTHER

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

☒ Foreign
☐ Limited Partnership
☐ Reinstatement

☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNDALE S.A. CORP

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:

MARTIN DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

777 BRICKELL AVE STE 500-49

Address

MIAMI, FL 33131

City/State and Zip code

MDELLOCA@MDELLCONSULTING.COM

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

For further information concerning this matter, please call:

MARTIN DELLOCA

at (305) 607-3493

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. SUNDALE 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUL 14, 2020 5. _____
(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. 777 BRICKELL AVE STE 500-49
(Principal office street address)
- MIAMI, FL 33131
(Current mailing address, if different)

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

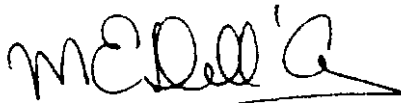
Name: BLUEMAX PARTNERS CORP

Office Address: 777 BRICKELL AVE STE 500-49

MIAMI, Florida 33131
(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.

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: HUGO M. DIAZ GRETHER
☐ Vice Chairman Address: 777 BRICKELL AVE.
☐ Director STE. 500-49
☒ President MIAMI, FL 33131
☐ 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. HUGO DIAZ GRETHER
 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. HUGO MARCELO DIAZ GRETHER
 (Typed or printed name and capacity of person signing application)

SWORN TRANSLATION -----

[Logo:] DGI. General Revenue Service. (Uruguay Tax Authority) -----

CERTIFICATE -----

ANNUAL GOOD STANDING CERTIFICATE -----

6905. VERSION 00 -----

RUT 218703950016 -----

Certificate No.690500202845839 -----

Legal name SUNDALE S.A. -----

Date November 5th, 2020 -----

Address for tax purposes: Street: 18 de Julio. Number: 78. Ap. 1204.

MONTEVIDEO -----

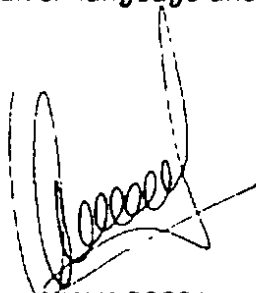
Taxpayer type: NOCEDE (registered taxpayer) -----

Status: Active Certificate of Good Standing. -----

Date of issue: July 14th, 2020 -----

Expiration: June 30th, 2021 -----

[TRANSLATION CERTIFICATION:] I, ANALIA BOGDAN, Sworn Translator, Master of Arts in Translation and Interpretation, Member of the American Translators Association (ATA) and Treasurer of the Association of Translators and Interpreters of Florida (ATIF), hereby certify that I am fluent in the English and Spanish languages, that I am competent to perform the foregoing translation and that this translation is the complete and accurate translation of the attached document written in the Spanish language and called "CONSTANCIA". -----



ANALIA BOGDAN
Sworn Translator

*Master of Arts in Translation & Interpretation
Member of American Translators Association (ATA
member 267446)
Treasurer of Association of Translators and Interpreters
of Florida (ATIF)*