Q20000000019

(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



900342273809

03/19/20--01009--025 **43.75

SECRETARY OF STATE ON SHASSES FLORID

MAR 24 2020 M. SOLOMON

COVER LETTER

•	istration Section ision of Corporations					
SUBJECT:	Holding Inverseg S.A.					
SUBJECT.	(Name of Alien Busin	(Name of Alien Business Organization or Financial Institution)				
Dear Sir or I	Madam:					
	d Designation of Registered stitution and fee(s) are subr	_	Registered Office for Alien Business Organization or ling.			
Please return	n all correspondence concer	ning this m	atter to the following:			
Victor H F	Ribon Caro					
	(Name of Person)					
Holding In	nverseg S.A.					
	(Firm/Company)					
92 SW 3rd	d St # 1805					
	(Address)		······································			
Miami, Fl	33130					
	(City/State and Zip Co	de)				
For further i	information concerning this	matter, ple	ase call:			
Victor H F	Ribon Caro	305 at (4980948			
	(Name of Person)		Code & Daytime Telephone Number)			
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is	a check for the following	amount:				
□ \$35.00 F	iling Fee		■ \$43.75 Filing Fee & Certified Copy			

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1 Holding Inverses	g S.A.			
	(Name of alien business organi	zation or financial institution)		
2. Paraguay		3.		
(State or country	under which entity is organized)	3. (FEI Number, if applicable)	2:53	202
393 Oliva, piso 6	S, oficina			2020 MAR 19
۳	(Principal off	ice address)	.5.3.	20
5. Name and Florida Street address of registered agent.				
	Victor H Ribon Caro		073 183	PH 12: 20
	92 SW 3rd St # 1805		ATE ATE	. 28
	Miami, FI 33130			
				1
6. The street address of are identical.7	f the registered office and the street (Signature of chairman, v	address of the business office of the regis	_	1
8. Nicolas Ribon		Nicolás R	lbon G. _{Illa Legal}	
	(Name and capacity of person	signing in number 7 above)		
9. Signature of registe	red agent:	\sim		
I hereby accept the ap 607.0505 or 655.0201,		am familiar with and accept the obliga	tions of s	section
		, ,		
Victor H Ribon Ca	ro	03/12/2021	2	
(Registered ager	nt accepting appointment)	(Date)		

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mall to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314