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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

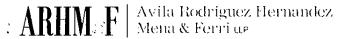
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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA |
| 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: |
| Marco D. Britt, Esq. |
| Name of Person |
| Avila Rodriguez Hernandez Mena & Ferri LLP |
| Firm/Company |
| 2525 Ponce de Leon Blvd.; Suite 1225 |
| Address |
| Coral Gables, Florida 33134 |
| City/State and Zip code |
| mbritt@arhmf.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Marco D Britt Esa 786 504 4107 |
| Marco D. Britt, Esq. at (786) 594-4107 Name of Person Area Code & Daytime Telephone Number |
| The Gods a Daytime Perspirate Number |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy Certified Copy |



MARCO D. BRITT

Telephone: 305-779-3560 Email: mbritt@arhmf.com

April 15, 2011

VIA FEDERAL EXPRESS

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida for Caixa de Aforros de Galicia, Vigo, Ourense e Pontevedra (the "Company")

Dear Sir or Madam:

This firm is legal counsel to the Company. Enclosed for your review, recording and filing is an Application by Foreign Corporation for Authorization to Transact Business in Florida (the "Application").

As payment, we have enclosed a check payable to the Florida Department of State in the amount of \$87.50 in connection with the requested Filing Fee, Certificate of Status and Certified Copy of the Application. In addition, we have enclosed an original certificate of existence (the "Certificate") issued by the proper official having custody of the Company's corporate records, which is the Bank of Spain. The Certificate is accompanied by a translation under oath of the translator.

As you know, Question 1 of the Application requires that the Company add the suffix "corporation," "company," or "incorporated," or other appropriate abbreviation, to its name. However, the word "Caixa" in the Company's name denotes that it is a savings bank under the laws of the Kingdom of Spain. To add English-language words to the Company's name for the purpose of qualifying to do business in Florida would be misleading and would result in the Company transacting business in Florida under a fictitious name.

Should you have any questions please do not hesitate to contact me.

Sincerely,

AVILA RODRIGUEZ HERNANDEZ

MENA & FERRI LLP

Marco D. Dr

Enclosures

cc: Mr. Carlos Corral



J. THOMAS CARDWELL COMMISSIONER

STREET ADDRESS: 101 East Gaines Street, Suite 636 • PHONE (850) 410-9800 • FAX (850) 410-9548
MAILING ADDRESS: Division of Financial Institutions, 200 East Gaines Street, Tallahassoo, FL 32399-0371
Visit us on the web: www.flofr.com • Toll Free: (800) 848-3792

May 3, 2011

Marco D. Britt, Esq. ARHMF LLP 2525 Ponce de Leon Blvd. Suite 1224 Coral Gables, FL 33134

Re: Caixa de Aforros de Galicia, Vigo, Ourense e Pontevedra

Dear Mr. Britt:

Reference is made to your recent e-mail requesting approval of the above-referenced name.

As Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. The Office will not object to the use of the above name being registered to transact business in the state of Florida.

Sincerely,

Linda B. Charity Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2011

MARCO D. BRITT, ESQ. AVILA RODRIGUEZ HERNANDEZ MENA & FERRI L 2525 PONCE DE LEON BLVD., SUITE 1225 CORAL GABLES, FL 33134

SUBJECT: CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E

PONTEVEDRA

Ref. Number: W11000022247

We have received your document for CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 911A00009639

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.

| (Enter name of con | ORROS DE GALICIA, VIGO, OURE rporation: must include "INCORPORATE rp," "Inc," "Co," or "Corp.") | | | | |
|-----------------------------|---|-----|--|--------------|---------|
| me., co., coi | тр, те, со, от согр.) | | | | |
| (If name unavailal | ole in Florida, enter alternate corporate na | me | adopted for the purpose of transacting busine | ss in Floric | da) |
| _{2.} Kingdom of Sp | pain | 3. | 98-0687014 | | |
| (State or country u | nder the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 4. November 29 | 9, 2010 | 5. | perpetual | | |
| (Date o | of incorporation) | | (Duration: Year corp. will cease to exist or | "perpetual | .") |
| 6. Upon filing. | | | | TA SS | <u></u> |
| | | | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | CPL | - Mar |
| _{7.} 1111 Bricke | ll Avenue; Suite 2600; Mian | ni | , Florida 33131 | SSE SE | 7 |
| | (Principal office a | add | fress) | 끄유 | |
| 1111 Bricke | ell Avenue; Suite 2600; Mi | | | - 영왕 | ů |
| | (Current mailing a | adc | iress) | PH. | 1 |
| _{8.} Banking | | | | | |
| (Purpose(s) | of corporation authorized in home state or | r c | ountry to be carried out in state of Florida) | | |
| 9. Name and street | address of Florida registered agent: (l | Ρ.0 | O. Box NOT acceptable) | | |
| Name: | INTERAMERICAN CORPORATE SERVIC | CE: | SLLC | | |
| Office Address: | 2525 PONCE DE LEON BLVD.; SUIT | ſĘ | 1225 | | |
| | Coral Gables | | , Florida 33134 (Zip code) | | |
| | (City) | | (Zip code) | | |
| | | | | | |

10. 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 objections of my position as registered agent.

INTERAMERICAN CORPORATE SERVICES LLC
(Registered agent's signature)

Patricia Hernandez, Manager

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 a | and bi | usiness | addresses | of of | ficers | and/or | directors. |
|-----|---------|--------|---------|-----------|-------|--------|--------|------------|
|-----|---------|--------|---------|-----------|-------|--------|--------|------------|

11 MAY -5 PH 2: 47

| A. DIRECTORS | 0000 |
|--|--|
| Chairman: See addendum | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| Address: | CONIDA |
| Audiess. | |
| | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: See addeundum | |
| Address: | |
| | |
| | |
| Vice President: | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| | |
| Address: | · · · · |
| NOTE: If necessary, you may attach an addendant to the application listing additional office | cers and/or directors. |
| 13. Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the De | |
| third degree felony as provided for in s.817.155, F.S. | |
| 14. Carlos Corral, Regional General Manager Americas | |

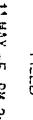
(Typed or printed name and capacity of person signing application)

ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Officer/Director Detail

- I. Title: Regional General Manager Americas
 - a. Carlos Corral
 c/o 1111 Brickell Avenue; Suite 2600
 Miami, FL 33131 USA
- II. Title: Deputy Regional General Manager Americas
 - a. Xavier Pérez
 c/o 1111 Brickell Avenue; Suite 2600
 Miami, FL 33131 USA
- III. Title: General Director
 - a. Jose L. Pegoc/o 1111 Brickell Avenue; Suite 2600Miami, FL 33131 USA
- IV. Title: Commercial Director
 - a. Juan Díaz-Arnau
 c/o 1111 Brickell Avenue; Suite 2600
 Miami, FL 33131 USA
- V. Title: Miami Branch Manager
 - a. Efraín López
 c/o 1111 Brickell Avenue; Suite 2600
 Miami, FL 33131 USA

SECHETARY OF STATE



Marcela Noriega, M.A.

Certified Translator

Off.: (011 507) 264-8541 Cel.: (011 507) 6645-0141 (SS No. 267-73-9232) PTY 8782, P.O. Box 025207, Miami, FL 33102

mnoriegac@cwpanama.net

CERTIFICATE OF TRANSLATION

I, Marcela Noriega, M.A., a professional translator of the Spanish and English languages, duly certified by Florida International University (Graduate Registry, 6/27/91, Folio One, No. 37), Miami, Miami-Dade County, Florida, U.S.A., hereby declare under oath that the foregoing document,

Certification of
CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA
as a duly qualified operating credit entity,

is a true and accurate translation into the English language of the original document in Spanish, rendered to the best of my knowledge, belief, and ability.

DATED: April 6, 2011.

Marcela Noriega

1 HAY -5 PH 2: 47

BANK OF SPAIN

Eurosystem

Department of Financial Institutions API () VEI

Division of Regulation

Official Records

11 MAY -5 PH 2: 47

Re: Remittance of certification

SECRETARY OF STATE TALLAHASSEE FLORIDA Mrs. Tamara López Melero IALLAHASSEE Caixa de Aforros de Galicia, Vigo, Ourense e

Pontevedra - Novacaixagalicia Miami Branch

1111 Brickell Avenue, Suite 2600

Miami, Florida 33131 United States of America

2080/11E01440.egx

Madrid, April 1 , 2011

In response to your e-mail dated March 31, 2011, we are forwarding the requested certification.

/s/

José Manuel Gómez de Miguel Division Head

/Stamp/

BANK OF **SPAIN**

Eurosystem

OFFICIAL RECORDS

BANK OF SPAIN

Eurosystem

APPHOVEL AND FILED 11 MAY -5 PM 2: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, José Manuel Gómez de Miguel, the Head of the Department of Financial Institutions' Division of Regulation:

Certify that: CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA is shown as filed with the *Registro Especial de Cajas Generales de Ahorro Popular* (Special Register of General Savings & Loan Institutions) under codification number 2080 with a registered office at No. 30 - 32, Rua Nueva Street, La Corunna.

CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA is lawfully constituted and organized as a fully operational credit entity to do business as one of the type of entities described in Article 1 of Royal Legislative Degree 1298/1986 of June 28, drafted according to Law 44/2002 of November 22.

I am issuing the foregoing in Madrid, on the first day of April, two thousand eleven in order to so state of record and to be effective wheresoever appropriate.

/Illegible signature/

/Stamp/

BANK OF SPAIN

Eurosystem

OFFICIAL RECORDS



Eurosistema

Departamento de Instituciones Financieras División de Regulación

Registros Oficiales

2011/C79/00S004015

Registro Central de Madrid

Fecha: 05/04/2011

Salida

BANCO DE **ESPAÑA** Furosistema

Asunto: Envío de certificación.

Dña. Tamara López Melero Caixa de Aforros de Galicia, Vigo, Ourense e Pontevedra - Novacaixagalicia Miami Branch 1111 Brickell Avenue, Suite 2600 Miami, Florida 33131 United States of America

2080/11E01440.egx

Madrid. de abril de 2011

En contestación a su sorreo electrónico de fecha 31 de marzo de 2011 les remitimos la certificación solicitada.

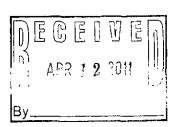
José Manuel Gómez de Miguel Jefe de División

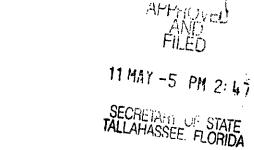
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REGISTROS OFICIALES





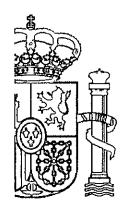


José Manuel Gómez de Miguel, Jefe de la División de Regulación del Departamento de Instituciones Financieras:

Certifico: Que CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA figura inscrita en el Registro Especial de Cajas Generales de Ahorro Popular, con número de codificación 2080 y domicilio social en calle Rua Nueva, nº 30, 32 de A Coruña.

Que CAIXA DE AFORROS DE GALICIA, VIGO, OURENSE E PONTEVEDRA está legalmente constituida y organizada como entidad de crédito plenamente operativa para el desarrollo de las actividades propias de ese tipo de entidades que se conceptúan en el artículo 1 del Real Decreto Legislativo 1298/1986, de 28 de junio, redactado según Ley 44/2002, de 22 de noviembre.

Y para que así conste y surta efectos donde convenga, expido la presente, en Madrid, a uno de abril de dos mil once.



BANCODE**ESPAÑA**

Eurosistema

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