

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION NUMA AMERICAS CORP.

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PAGE 01/05

CT CORPORATION

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: NUMA AMERICAS CORP.	
Name of corporat	ion - must include suffix
Doar Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact busi	anding" and check are submitted to register the
Please return all correspondence concerning this mat	tar to the following:
Rafael Zamora Leon, CEO	
Name o	of Person
NUMA AMERICAS CORP.	
Firm/Co	uripany
14 Wall Screet, 20th FI,	
Ada	ross
New York, New York 10005	
•	and Zip code
tennora@numewab.com	for finure annual report notification)
•	•
For further information concerning this matter, please	call:
Courtney L. Scimlon, Pamilegal	\ 848-15 3 8
Name of Person Arca	1 Codo & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
570.00 Filing Fee S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Service of Status & Certified Copy Certified Copy

LOIS - CADICALL CTAPARA CALLE

Delaware	APPLICA			ION FOR AUTHORIZATION TO T	RANSACT
NCMPLANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO ENGISEE A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. NUMA AMERICAS CORP. (Enter name of composition; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Cosp." Inc.," "Co.," or "Cosp.") (If name unevallable in Florida, enter alternate corporate name adopted for the perpose of transacting business in Facilities (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Patients: Year cosp. will cease to exist or "perpental") N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine possity liability) 14 Wall Street, 20th FL, New York, NY 10005 (Principal office address) (Current multing address) Address: (Pupose(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 (City) (City) (City) (City) (City) (City) (City) (Concess for the above stated corporation at the place signated in this applications, I hereby accept the appointment as registered agent and agree to act in this capacity, riker agree to comply with the provisions of all statutes relative to the proper and complete performance of my during and an accept the obligations of my position as registered agent. CT Corporation System		BUSINI	LSS	IN FLORIDA	AZ I
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By: Connocation System Connie Bryan	ed I am familiar	with and accept the obligations of m	p po	sition as registered agent	
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		-		Cannie Brua	n
(Registered agent's signature) PSSISTONE SOCIETORY	Ву:	/ · · · · · · · · · · · · · · · · · · ·			
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	e Department of	State, by the Secretary of State or other	or of	ficial having custody of corporate records in	ı the jurisdicti
. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application a Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicti	- <u>-</u>				

PLAIG - CHUCADII C TSydem Dalles

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	ه مشد
A. DIRECTORS	SEC SEC
Chairman:	AR AR
Address:	% 3 - 3 F
Vice Chairman;	TS E
	25 55
Address,	
Rafaci Zamora-Leon	
Address: 14 Wall Street, 20th FL, New York, NY 10005	
Address:	
Director:	
Address:	

B. OFFICERS	
Prosident: Rafael Zamora-Lega	
Address: 14 Wali Street, 20th Fl., New York, NY 10005	
Vice President: James Santos	
Address: 14 Wall Street, 20th FL, New York, NY 10005	
Secretary: Ana Maria de Losada	
14 Wall Street 20th FL New York NY 10005	
Trensurer: Rufael Zamore-Leon	
14 Well Street 70th FI New York NV 10005	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or	directors.
Signature of Director Officer	···
The officer or director signing this document (and who is listed in number 12 above) affirms that the factor and that he or she is aware that false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.	
14. Rufaet Zamora-Leon, President and CEO	
(Typed or printed name and capacity of person signing application)	

PL019 - 03/01/J014 C T Syman Online

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUMA AMERICAS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO PAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2012.

AND I DO BEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5034455 8300

120120435

Jeffrey W. Bullock, Secretary of AUTHENTICATION: 9341126

DATE: 02-03-12

01:91 2102/80/20 8656336092