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Florida Department of State
Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
AMARACQUA S.L. INC.**

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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. AMARASQUA S.L. INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. SPAIN

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 9-30-09

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "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. 15619 SW 112 DR. MIAMI FL 33196

(Principal office address)

SAME

(Current mailing address)

8. GENERAL BUSINESS SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: PATRICIO SARMIENTOOffice Address: 15619 SW 112 DRMIAMI FL

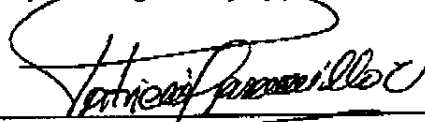
(City)

33196

, Florida (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 obligations of my position as registered agent.



(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DIEGO MORENOAddress: 15619 SW 112 DR
MIAMI FL 33196Vice Chairman: PATXI JIMENEZAddress: 15619 SW 112 DR
MIAMI FL 33196Director: PATRICIO JARAMILLOAddress: 15619 SW 112 DR
MIAMI FL 33196

Director: _____

Address: _____

B. OFFICERS

President: DIEGO MORENOAddress: 15619 SW 112 DR
MIAMI FL 33196Vice President: PATXI JIMENEZAddress: 15619 SW 112 DR
MIAMI FL 33196Secretary: PATRICIO JARAMILLOAddress: 15619 SW 112 DR. MIAMI FL 33196

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. PATRICIO JARAMILLO

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

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INFORMATION OF THE PRESENTATION OF THE
DECLARATION

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Registry

Presentation Made: 13-04-2012 at 14.40.17
File/Reference (Number assigned registry) 201211168340093M
Verification Code: TPENK39VJTM25YRL

Presenter

NIF Presenter 75238401L
Name and Last name/Trade Name: DIEGO MORENO AMARACQUA SL
In quality of: Director

Receipt of payment

Via of entrance: Pay in person
Number of voucher: 1113601749863

Finish of payment

Pay period: 2012
Retention of enter account IRPF: 656,84

CERTIFICATE OF GOOD STANDING



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