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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·			
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only

647-193-W13000029657



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MAY 31 2013 M. SOLOMON

	COVER	LETTER :	SECRETARY:			
TO: New Filing Sec	ILI 129 IARY ASSET					
Division of Corporations Mercury X Corporation						
SUBJECT:			SIMI 2			
	Name of corporat	ion - must include suffix	Ом 5 А			
Dear Sir or Madam:						
"Certificate of Existence		for Authorization to Transact standing" and check are subn finess in Florida.				
Please return all corresp	ondence concerning this ma	tter to the following:				
Jared H Stitz						
	Name	of Person				
Alvarez & Ma	rsal Taxand, LLC	•				
		ompany				
Two Alhambra	a Plaza, Suite 11	01				
		ldress				
Coral Gables,	FL 33145					
		e and Zip code				
jstitz@alvareza	•					
<u></u>		ed for future annual report no	otification)			
For further information	concerning this matter, plea	se call·				
Torrunce information	concorning this matter, produ	so dan.				
Jared Stitz	at (305	, 704-6711				
Name of Perso	Name of Person Area Code & Daytime Telephone Number					
STREET/COUNCE New Filing Second Division of Concentration Buildin 2661 Executive Tallahassee, FI	porations g Center Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FI	ction rporations			
Enclosed is a check for	the following amount:					
□ \$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. Mercury X Corporation									
	poration; must include "INCORPORATE p," "Inc," "Co," or "Corp.")	.D,"	"COMPANY," "CORPORATION,"						
,,	p,,,								
(If name unavailab	le in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting bu	siness in	Florid	a)			
2. New York		3.	90-0982608						
(State or country un	nder the law of which it is incorporated)		(FEI number, if applicable)						
4. 05/14/201	3	5.	Perpetual						
,	of incorporation)	•••	(Duration: Year corp. will ccase to exist or "perpetual")			")			
6. 05/28/201	3								
	(Date first transacted busines		Florida, if prior to registration)						
Two Albon	,		02, F.S., to determine penalty liability)						
7. I WO Allian	nbra Plaza, Suite 1101,								
Two Albam	Principal office (obra Plaza, Suite 1101, C								
I WU Allian	(Current mailing								
	(Current manning)	addi	<i>coo j</i>						
8. Bank Acc	ount								
	of corporation authorized in home state o	r cou	untry to be carried out in state of Florida) ==					
9. Name and street	address of Florida registered agent:	(P.C	. Box NOT acceptable)	NEO:	<u> </u>				
N I	Tom Falkner			AHA VET	MAY 29				
Name:		4 4	01	3SS YWY	29	1			
Office Address:	Two Alhambra Plaza, Ste.			L C	P				
	Coral Gables		, Florida 33134	40.1. 44.S.	£	O			
	(City)		(Zip code)	AON AON	25				
10 Dogistavad ag	ontis assentance.			•					

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: __ Director: ____ Address: Address: ____ B. OFFICERS President: Alejandro P Joya Address: Two Alhambra Plaza, Suite 1101 Coral Gables, FL 33134 Vice President: Eduardo Chehtman

Address: Av. Cordoba 1233 Piso 6 Buenos Aires, C1009ABS) Bs. As., Argentina Secretary: _ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Alejandro P Joya, President 14.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MERCURY X CORPORATION was filed on 05/15/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of May two thousand and thirteen.

First Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2013

JARED H STITZ TWO ALHAMBRA PLAZA SUITE 1101 CORAL GABLES, FL 33145

SUBJECT: MERCURY X CORPORATION

Ref. Number: W13000029657

We have received your document for MERCURY X CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 913A00012785

Division of Compositions D.O. DOV 6297 Tellaharma Florida 2021