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#### COVER LETTER

COVERLETTER				
TO: New Filing Section Division of Corporations				
SUBJECT: Crystal Lagoons U.S.A., Inc.				
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:  Jessie Hebbert				
Name of Person				
Crystal Lagoons U.S.A., Inc.				
Firm/Company				
200 South Biscayne Blvd, Suite 2790				
Address				
Miami, FL 33131				
City/State and Zip code				
Jessie@crystal-lagoons.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jessie Hebbert at (305) 714-9460  Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone 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  Certificate of Status  S78.75 Filing Fee & Certified Copy  S78.75 Filing Fee & Certified Copy  Certified Copy  S87.50 Filing Fee, Certified Copy  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.

RECIBIER A POP	LEGIT COM ORALION TO HUMONCE	DODINE DOM TIND DIMITE OF T DOTALDI.
4	agoons U.S.A., Inc.	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
	agoons U.S.A.	
		adopted for the purpose of transacting business in Florida)
<sub>2.</sub> Delaware	3.	32-0406615
(State or country)	under the law of which it is incorporated)	(FEI number, if applicable)
<sub>4,</sub> <u>10-1-201</u>	2	, perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. N/A		12 12 14 14 14 14 14 14 14 14 14 14 14 14 14
	(SEE SECTIONS 607.1501 & 607.1	In Florida, if prior to registration) 1502, F.S., to determine penalty liability)
, 200 South	Biscayne Blvd, Suite 279	90, Miami, FL 33131
** **	(Principal office add	dress)
200 South	Biscayne Blvd, Suite 2790	
	(Current mailing ad	dress)
。anv legal	purpose	
(Purpose(s	purpose ) of corporation authorized in home state or c	ountry to be carried out in state of Florida)
Q. Name and stree	t address of Florida registered agent: (P.	O Box NOT acceptable)
9. Namo and <u>ance</u>	Corporation Service Comp	
Name:	Corporation Service Comp	<del>iany</del> .
Office Address:	1201 Hays Street	
,	Tallahassee	Florida 32301 (Zip code)
	(City)	(Zip code)
10. Registered as	gent's acceptance:	
Having been nam	ed as registered agent and to accept ser	vice of process for the above stated corporation at the place
designated in this further agree to c	application, I hereby accept the appoint omply with the provisions of all statutes	tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my
duties, and I am f	amiliar with and accept the obligations	
C	Corporation Service Company	
(	Dung Ann	
•	5. 1000 ( NO X	
к	(Registered ugent's arissa Lowry, Assistant Secretary	signature)
11. Attached is a	certificate of existence duly authenticated	d, 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. Name	es and business addresses of officers and/or directors:
A. DIRE	CTORS
Chairman:	Fernando Fischmann Torres
	Av. Kennedy 9070, 12th Floor
	Vitacura, Santiago, Chile
Vice Chair:	man:
Address: _	
	·
Director: _	
Address: _	
Director: _	
Address:	
_	
B. OFFIC	CERS
President:	Fernando Fischmann Torres
	Av. Kennedy 9070, 12th Floor
_	Vitacura, Santiago, Chile
Vice Presid	dent:
_	
Secretary:	Guillermo Carey
	lsidora Goyenechea 2800, Piso 43, Santiago, Chile
	Guillermo Carey
	sidora Goyenechea 2800, Piso 43, Santiago, Chile
	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	4 to 6
are tru <del>e</del> an a third deg	Signature of Director or Officer or Officer or or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.  Illermo Carey, Secretary and Treasurer of Crystal Lagoons U.S.A., Inc.

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

PAGE 1



### State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903 131123169

09-26-2013

9991290

CRYSTAL LAGOONS, USA INC.

200 SOUTH BISCAYNE BLVD. #2790

MIAMI

FL 33131

ATTN: JESSIE

DESCRIPTION	AMOUNT
CRYSTAL LAGOONS U.S.A., INC. 5220718 8300 Certificate in Re Short Certification Fee	50:00
FILING TOTAL	50.00
TOTAL PAYMENTS	50.00
SERVICE REQUEST BALANCE	.00

## Delaware

PAGE 7

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRYSTAL LAGOONS U.S.A., INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF

SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5220718 8300

131123169

Jeffrey W. Bullock, Secretary of Stat AUTHENTYCATION: 0767835

DATE: 09-26-13

You may verify this certificate online at corp. delaware.gov/authver.shtml