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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

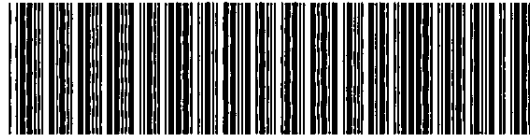
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DELTA AUTO PARTES S.A.

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:

ISABEL IBANEZ

Name of Person

Firm/Company

618 S.W. 17th AVENUE

Address

MIAMI, FL 33135

City/State and Zip code

cvei@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL IBANEZ

Name of Person

at ( 305 ) 541-0018

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    ☒ \$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. DELTA AUTO PARTES S.A. CORPORATION**

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

**DELTA II AUTO PARTES CORPORATION.**

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

**2. COSTA RICA** **3. 3-101-506897**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

**4. 09/14/2007** **5. 09/14/2106**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

**6. NONE**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 618 S.W. 17th AVENUE, MIAMI, FL 33135**  
(Principal office address)  
**618 S.W. 17th AVENUE, MIAMI, FL 33135**  
(Current mailing address)

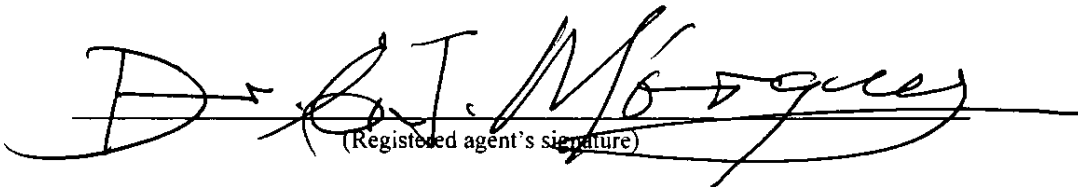
**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **EUGENIO J. MARQUEZ**

Office Address: **618 S.W. 17TH AVENUE**  
**MIAMI**, Florida **33135**  
(City) (Zip code)

**9. 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)

**10. 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.**

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

**A. DIRECTORS**

Chairman: EUGENIO J. MARQUEZ

Address: 618 S.W. 17th AVENUE  
MIAMI, FL 33135

Vice Chairman: ISABEL IBANEZ

Address: 618 S.W. 17th AVENUE  
MIAMI, FL 33135

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: EUGENIO J. MARQUEZ

Address: 618 S.W. 17th AVENUE  
MIAMI, FL 33135

Vice President: ISABEL IBANEZ

Address: 618 S.W. 17th AVENUE  
MIAMI, FLA 33135

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

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.

13. EUGENIO J. MARQUEZ Dr. B.J. Marquez  
(Typed or printed name and capacity of person signing application)



-----Certified Translation-----

I, Ignacio Cubero, Certified Translator for the Ministry of Foreign Affairs of the Republic of Costa Rica, appointed by resolution number DM-068-2008, 2008, published in the official register "La Gaceta" number 187 of June 23rd, 2008, do hereby certify that the document originally worded in Spanish, copy attached hereto is translated into English as follows:-----

**MUNICIPALITY OF SAN CARLOS**  
**Tax Management**  
**Certification of Operating License**

**Number B19157**

**Licenses:** SIGNAGE TAX  
SELLING OF USED SPARE PARTS  
SALE OF USED VEHICLES

**Belonging to:** DELTA AUTO PARTES S.A. 3-101-506897

DELTA AUTO PARTES, with domicile in: 200 M DEL ALMACEN DE LA DOS PINOS, FORTUNA

**Important Information:**

- No business may operate without the respective license.
- At the end of the fiscal year you must file your License Return. You have three months to file such return, otherwise it will expire.
- If you suspend your operations, please notify the Tax Management Department to avoid any further charges or fees.
- The license holder must file a License Return on or before January 9.

Signature (Illegible)

Chief

Tax Management Department

Ciudad Quesada, December 5, 2014

Seal (Municipality of San Carlos | Tax Department)

<<<POST IN A CONSPICUOUS PLACE>>>

Signature (Illegible)

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

FILED  
15 APR 13 PM 5:57  
TIGER HOUSE TRANSLATIONS  
MAIL ADDRESS: FLORIDA



CUBERO





FABIÁN CARLOS SILVA GAMBOA  
ATTORNEY AND NOTARY PUBLIC

COMMISSION NUMBER: NINE THOUSAND FOUR HUNDRED AND FORTY-THREE

**CERTIFICATION**

By the authority vested in me by the Notarial Code of the Republic of Costa Rica, and at the request of Mr. **YUNIER PÉREZ MANTILLA**, bearer of Cuban passport number: I FOUR ONE FIVE SEVEN ZERO FOUR; I hereby certify that the photostatic reproduction attached hereunto and bearing my seal and signature, both which I voluntarily affixed therein, are true and accurate copies of the original **CERTIFICATION OF OPERATING LICENSE** issued by the Tax Management Department of the **MUNICIPALITY OF SAN CARLOS, REPUBLIC OF COSTA RICA**. This certification has been issued to be used in the United States of America. I further certify that what I have certified herein doesn't modify, alter, condition, restrain, or distort the contents thereof, in compliance with article one hundred and ten of the Notarial Code and articles sixteen and subsequent and relevant of the general guidelines governing the provision and control of notarial services, as issued by the National Notary Association and published on Judicial Bulletin number: one hundred and forty of July 20, 2005. Furthermore, the undersigned Notary Public hereby attests and certifies that his seal and signature are both registered in the National Notary Association; and that he personally signed this certification. That is all. I have added and paid for all respective revenue stamps. Issued in my Notarial Office, located in the Province of San Jose, County of Montes de Oca, District of San Pedro, 2<sup>nd</sup> Avenue, 9<sup>th</sup> Street, "El Breñón" Building, at eleven hundred hours, on December 9, 2014.

Signature (Illegible)

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)  
Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)  
Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)  
Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

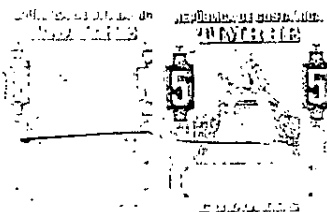
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Revenue Stamp (Republic of Costa Rica | 5 colones)  
Revenue Stamp (Republic of Costa Rica | Repository Stamp | 5 colones)  
Revenue Stamp (Republic of Costa Rica | BAR Association Stamp | 250 colones)



Signature (Illegible)  
CARLOS ANDRES SANABRIA VARGAS  
AUTHORIZED OFFICER

[illegible]

-Final Line



WBER





**REPÚBLICA DE COSTA RICA**  
**MINISTERIO DE RELACIONES EXTERIORES Y CULTO**

**APOSTILLE**

(Convention de La Haye du 5 octobre 1961)

1. País: Costa Rica  
(Country - Pays)

Código: ITMIZ640L09  
(Code - Code)

El presente documento público  
(This public document - Le présent acte public)

2. Ha sido firmado por: Ignacio Cubero Hernández  
(Has been signed by - A été signé par)

3. Actuando en calidad de: Traductor(a) Oficial Inglés Español  
(Acting in the capacity of - Agissant en qualité de)

4. Lleva el sello/estampilla de: Ministerio de Relaciones Exteriores y Culto  
(Bears the seal/stamp of - Est revêtu du sceau du timbre de)

Certificado  
(Certified - Atteste)

5. En: San José, Costa Rica  
(At - A)

6. El: 11/12/2014  
(On - Le)

7. Por: Eduardo Cubero Barrantes, Oficial de Autenticaciones del MREC  
(By - Par) Ministry of Foreign Affairs - Ministère des Affaires Étrangères



9. Sello:  
(Seal - Stamp)

8. No.: 194465  
(Under number - Sous le numéro)

10. Firma:  
(Signature - Signature)

Nombre del titular: DELTA AUTO PARTES S.A.  
(Name of the holder of document - Noun du titulaire)

Tipo de documento: Traducción Oficial Español-Inglés  
(Type of document - Type du document)

Número de hojas autenticadas: 3  
(Number of pages - Nombre de pages)

Esta apostilla / legalización sólo certifica la autenticidad de la firma, la capacidad del signatario y el sello o timbre que ostenta. Ésta no certifica el contenido del documento para el cual se expidió.

This apostille / legalization only certifies the signature, the capacity of the signer and the seal or stamp it bears. It does not certify the content of the document for which it was issued.

Cette apostille / legalization ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi, et le sceau ou timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

La autenticidad de esta apostilla / legalización puede ser verificada en: - The authenticity of this apostille / legalization may be verified at: - L'authenticité de cette apostille / legalization peut être vérifiée sur: <http://www.rree.go.cr>

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-----Certified Translation-----

I, Ignacio Cubero, Certified Translator for the Ministry of Foreign Affairs of the Republic of Costa Rica, appointed by resolution number DM-068-2008, 2008, published in the official register "La Gaceta" number 187 of June 23rd, 2008, do hereby certify that the document originally worded in Spanish, copy attached hereto is translated into English as follows:-----

**SANITARY PERMIT FROM THE MINISTRY OF HEALTH, N° FL21**

**HUETAR NORTE REGION  
HEALTH OFFICE OF FLORENCIA**

**N° RHN-ARS-F-458-2012**

In compliance with the General Health Act (articles 222, 298), the General Regulations for the Issuance of Sanitary Permits by the Ministry of Health, and all other applicable laws, this sanitary permit is hereby issued to:

**DELTA AUTO PARTES**

Name of Commercial Establishment

Corporate Name:	<b>Delta Auto Partes S.A.</b>
Legal Representative:	<b>Eugenio Jesus Marquez</b>
Corporate Card Number:	<b>3-101-506897</b>
ID:	<b>482517892</b>
Type of Activity:	<b>Sale of Vehicle Spare Parts</b>
Registered Address:	<b>Alajuela (Province), San Carlos (County), Fortuna (District)</b>
Exact Address:	<b>200 meters from the Dos Pinos Warehouse</b>
Industrial Class:	<b>CIIU 5030</b>
Risk Type:	<b>C</b>

Issued in the city of FLORENCIA, SAN CARLOS on AUGUST 14, 2012.

This permit is only valid for the above mentioned establishment and activity and for the respective period of time, unless the conditions hereof or of the business suggest otherwise, or unless its holder violates any laws that require its early cancellation or suspension or the establishment is shut down in order to protect the safety and wellbeing of its employees, the environment, and the population.

Valid for: **5 years**

Must be renewed on: **August 14, 2017**

The scope and conditions to which this permit is subject to are established in the Technical Report or Resolution N° DARSF-465-2012.

Dr. Alberto Jorge Núñez Porras

**NAME**

**REGIONAL DIRECTOR OF HEALTH OFFICE**

Signature (Illegible)

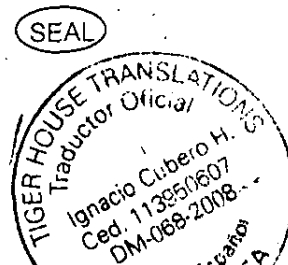
**SIGNATURE**

**REGIONAL DIRECTOR OF HEALTH OFFICE**

<<<POST IN A CONSPICUOUS PLACE>>>

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

Signature (Illegible)





FABIÁN CARLOS SILVA GAMBOA  
ATTORNEY AND NOTARY PUBLIC  
COMMISSION NUMBER: NINE THOUSAND FOUR HUNDRED AND FORTY-THREE

**CERTIFICATION**

By the authority vested in me by the Notarial Code of the Republic of Costa Rica, and at the request of Mr. **YUNIER PÉREZ MANTILLA**, bearer of Cuban passport number: I FOUR ONE FIVE SEVEN ZERO FOUR; I hereby certify that the photostatic reproduction attached hereunto and bearing my seal and signature, both which I voluntarily affixed therein, are true and accurate copies of the original **SANITARY PERMIT** issued by the Health Office of Florencia de San Carlos (Huetar Norte Region) of the Costa Rican Ministry of Health. This certification has been issued to be used in the United States of America. I further certify that what I have certified herein doesn't modify, alter, condition, restrain, or distort the contents thereof; in compliance with article one hundred and ten of the Notarial Code and articles sixteen and subsequent and relevant of the general guidelines governing the provision and control of notarial services, as issued by the National Notary Association and published on Judicial Bulletin, number: one hundred and forty of July 20, 2005. Furthermore, the undersigned Notary Public hereby attests and certifies that his seal and signature are both registered in the National Notary Association; and that he personally signed this certification. That is all. I have added and paid for all respective revenue stamps. Issued in my Notarial Office, located in the Province of San Jose, County of Montes de Oca, District of San Pedro, 2<sup>nd</sup> Avenue, 9<sup>th</sup> Street, "El Breñón" Building, at fourteen fifteen hours, on January 6, 2015.

Signature (Illegible)

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

Revenue Stamp (Republic of Costa Rica | 100 colones)

Revenue Stamp (Republic of Costa Rica | 10 colones) /

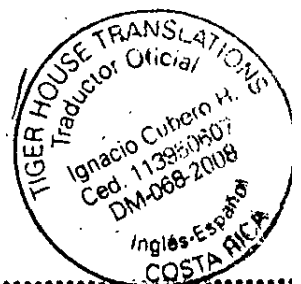
Revenue Stamp (Republic of Costa Rica | 20 colones)

Revenue Stamp (Republic of Costa Rica | Repository Stamp | 5 colones)

Revenue Stamp (Republic of Costa Rica | BAR Association Stamp | 250 colones)



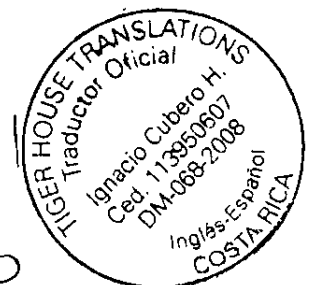
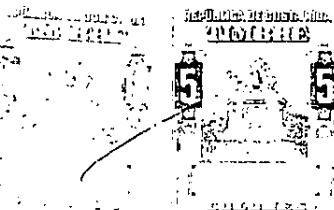
WBERO



Signature (Illegible)  
KINDILY VILCHEZ ARIAS  
AUTHORIZED OFFICER

[illegible]

-Final Line



WBLA





**REPÚBLICA DE COSTA RICA**  
**MINISTERIO DE RELACIONES EXTERIORES Y CULTO**

**APOSTILLE**

(Convention de La Haye du 5 octobre 1961)

1. País: Costa Rica  
(Country - Pays)

Código: ITMKI5C47CE  
(Code - Code)

El presente documento público  
(This public document - Le présent acte public)

2. Ha sido firmado por: Ignacio Cubero Hernández  
(Has been signed by - A été signé par)

3. Actuando en calidad de: Traductor(a) Oficial Inglés Español  
(Acting in the capacity of - Agissant en qualité de)

4. Lleva el sello/stampilla de: Ministerio de Relaciones Exteriores y Culto  
(Bears the seal/stamp of - Est revêtu du sceau/des timbres de)

Certificado  
(Certified - Atteste)

5. En: San José, Costa Rica  
(At - A)

6. El: 09/01/2015  
(On - Le)

7. Por: Elba Rivas Camacho  
(By - Par.) Ministry of Foreign Affairs - Ministère des Affaires Étrangères

Oficial de Autenticaciones del MREC



9. Sello  
(Seal - Stamp)

8. No.: 197807  
(Under number - Sous le numéro)

10. Firma:  
(Signature - Signature)

Nombre del titular: YUNIER PEREZ MANTILLA  
(Name of the holder of document - Noun du titulaire)

Tipo de documento: Traducción Oficial Español-Inglés  
(Type of document - Type du document)

Número de hojas autenticadas: 3  
(Number of pages - Nombre de pages)

Esta apostilla / legalización sólo  
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firma, la capacidad del  
signatario y el sello o timbre  
que ostenta. Ésta no certifica el  
contenido del documento para  
el cual se expidió.

This apostille / legalization only  
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capacity of the signer and the  
seal or stamp it bears. It does  
not certify the content of the  
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Cette apostille / legalization ne  
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de l'acte a agi, et le sceau ou  
timbre dont cet acte est revêtu.  
Elle ne certifie pas le contenu du  
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émise.

La autenticidad de esta apostilla / legalización puede ser verificada en: - The authenticity of this  
apostille / legalization may be verified at: - L'authenticité de cette apostille / legalization peut être  
vérifiée sur: <http://www.rree.go.cr>

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-----Certified Translation-----

I, Ignacio Cubero, Certified Translator for the Ministry of Foreign Affairs of the Republic of Costa Rica, appointed by resolution number DM-068-2008, 2008, published in the official register "La Gaceta" number 187 of June 23rd, 2008, do hereby certify that the document originally worded in Spanish, copy attached hereto is translated into English as follows:-----

MINISTRY OF HEALTH  
REGIONAL DIRECTOR OF THE HUETAR NORTE HEALTH REGION  
HEALTH OFFICE OF FLORENCIA  
Telephone: 2475-7002 / 2475-7592 / 2475-7597  
Email: [ars.florencia@gmail.com](mailto:ars.florencia@gmail.com)

HN-ARS-F-100-2014  
FLORENCIA, SEPTEMBER 22, 2014

PAGE 1 OF 1

Mr. Yunier Pérez Mantilla  
**ATTORNEY-IN-FACT**  
Delta Auto Partes S.A.  
La Fortuna de San Carlos

Dear Sir:

**RE: REQUEST TO INCLUDE THE SALE OF USED VEHICLES IN THE ACTIVITIES OF THE  
COMMERCIAL ESTABLISHMENT OF DELTA AUTO PARTES, LOCATED IN LA FORTUNA OF  
S.C. MS-RHN-ARF-458-2012**

Regarding your above request, we are pleased to inform you that pursuant to current regulations, we have **APPROVED** such request, thus allowing you to engage in such secondary activity, which shall be subject to the same restrictions of your company's main activity (same operating hours, same establishment).

This decision is based on article 37 of Executive Decree 34728-S, which regulates material changes. (Risk Class C, CIU 5010).

Sincerely,

**DIRECTOR OF THE HEALTH OFFICE OF FLORENCIA**

Signature (Illegible)

Dr. José Pablo Molina Velázquez

**DIRECTOR**

File

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)  
Signature (Illegible)





**FABIÁN CARLOS SILVA GAMBOA**  
**ATTORNEY AND NOTARY PUBLIC**  
**COMMISSION NUMBER: NINE THOUSAND FOUR HUNDRED AND FORTY-THREE**

**CERTIFICATION**

By the authority vested in me by the Notarial Code of the Republic of Costa Rica, and at the request of Mr. **YUNIER PÉREZ MANTILLA**, bearer of Cuban passport number: I FOUR ONE FIVE SEVEN ZERO FOUR; I hereby certify that the photostatic reproduction attached hereunto and bearing my seal and signature, both which I voluntarily affixed therein, are true and accurate copies of the original **DECREE – NUMBER HN-ARS-F-ONE HUNDRED-TWO THOUSAND FOURTEEN** issued by the Health Office of Florencia de San Carlos (Huetar Norte Region) of the Costa Rican Ministry of Health on September 22, 2014. This certification has been issued to be used in the United States of America. I further certify that what I have certified herein doesn't modify, alter, condition, restrain, or distort the contents thereof; in compliance with article one hundred and ten of the Notarial Code and articles sixteen and subsequent and relevant of the general guidelines governing the provision and control of notarial services, as issued by the National Notary Association and published on Judicial Bulletin number: one hundred and forty of July 20, 2005. Furthermore, the undersigned Notary Public hereby attests and certifies that his seal and signature are both registered in the National Notary Association; and that he personally signed this certification. That is all. I have added and paid for all respective revenue stamps. Issued in my Notarial Office, located in the Province of San Jose, County of Montes de Oca, District of San Pedro, 2<sup>nd</sup> Avenue, 9<sup>th</sup> Street, "El Breñón" Building, at fourteen fifteen hours, on January 6, 2015.

Signature (Illegible)

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

Seal (Fabian Carlos Silva Gamboa | Notary Public | C. 9443)

Revenue Stamp (Republic of Costa Rica | 100 colones)

Revenue Stamp (Republic of Costa Rica | 10 colones)

Revenue Stamp (Republic of Costa Rica | 5 colones)

Revenue Stamp (Republic of Costa Rica | 5 colones)

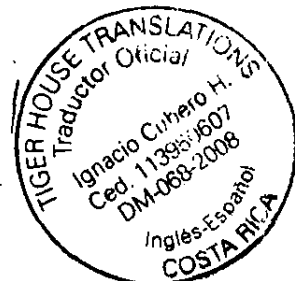
Revenue Stamp (Republic of Costa Rica | 5 colones)

Revenue Stamp (Republic of Costa Rica | Repository Stamp | 5 colones)

Revenue Stamp (Republic of Costa Rica | BAR Association Stamp | 250 colones)



CUBERO



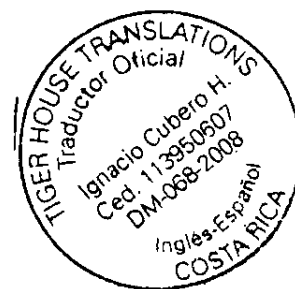
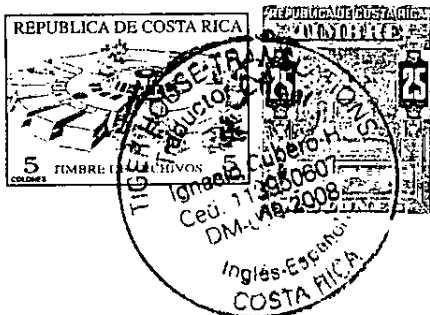
**KINDILY VILCHEZ ARIAS, A DULY AUTHORIZED OFFICER FOR THE REPUBLIC OF COSTA RICA'S NATIONAL NOTARY ASSOCIATION, HEREBY CERTIFIES:** That the preceding SIGNATURE corresponding to Notary Public **FABIAN CARLOS SILVA GAMBOA**, bearer of Costa Rican ID # **107580030**, COMMISSION NUMBER **9443**, is similar to one registered within the archives of the National Notary Association. Furthermore, that upon execution of the foregoing document, the abovementioned Notary Public was duly authorized to act as one. **NULLITY AND VALIDITY WARNING:** If this sheet is missing, or the revenue stamps are torn or altered, the foregoing certificate of authenticity is NULL AND VOID. The aforementioned certificate of authenticity does NOT imply endorsement or any responsibility whatsoever on behalf of the National Notary Association. Furthermore, the certificate does not verify the legitimacy, validity, efficiency, or authenticity of the attached document's contents, as this is the Notary Public's duty. **CERTIFIED.** San Pedro de Montes de Oca, at **08:33 on this the 7<sup>th</sup> of January of 2015.** Revenue stamps are affixed and accounted for. **(LAST LINE)**

San Pedro de Montes de Oca, West Side of Mall San Pedro,  
Sigma Office Complex, Building A, 5<sup>th</sup> Floor  
Telephone: 2528-5756 / Fax: 2528-5754

Seal (Republic of Costa Rica – National Notary Association)

-Final Line

In witness whereof I issue this Official Translation from Spanish to English comprising 3 pages. I hereby sign and affix my seal hereto in San José, Costa Rica, on January 8<sup>th</sup>, 2015.



WBLEPC



**REPÚBLICA DE COSTA RICA**  
**MINISTERIO DE RELACIONES EXTERIORES Y CULTO**

**APOSTILLE**

(Convention de La Haye du 5 octobre 1961)

1. País: Costa Rica  
(Country - Pays:)

Código: ITMMAA6TWWH  
(Code - Code.)

El presente documento público  
(This public document - Le présent acte public)

2. Ha sido firmado por: Ignacio Cubero Hernández  
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(At - A:)

6. El: 09/01/2015  
(On - Le:)

7. Por: Elba Rivas Camacho  
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April 3, 2015

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