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6/4/2015

Division of Corporations

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
SOCIEDAD DE INVERSIONES BABALASA LIMITADA CORP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

FLORIDA  
STATE  
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TALLAHASSEE, FLORIDA

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P.002

850-617-6381

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June 3, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: SOCIEDAD DE INVERSIONES BABALASA LIMITADA CORP  
REF: W15000038816

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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15 JUN -4 PM 1:31  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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. SOCIEDAD DE INVERSIONES BABALASA LIMITADA CORP**

(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. **CHILE** 3. **N/A**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **07/10/2008** 5. **PERPETUAL**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **AVDA. EL GOLF 82 PISO 5 LAS CONDES, SANTIAGO CHILE**  
(Principal office address)  
**1121 CRANDON BLVD , #E308 KEY BISCAYNE, FL 33149**  
(Current mailing address)

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

Name: **MANUEL L. RIVERO**

Office Address: **1313 Ponce de Leon Blvd, Suite 201**

**Coral Gables**, Florida **33134**  
(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.

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DEPARTMENT OF STATE  
SECRETARY OF STATE  
JENNIFER L. HARRIS

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P. 005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: JOSE IGNACIO MUJICA CASTRO

Address: AVDA. EL GOLF 82 PISO 5

LAS CONDES, SANTIAGO CHILE

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: JOSE IGNACIO MUJICA CASTRO

Address: AVDA. EL GOLF 82 PISO 5

LAS CONDES, SANTIAGO CHILE

Vice President: \_\_\_\_\_

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

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. \_\_\_\_\_

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

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P. 006

## NEW LAND TRANSLATIONS

### INCOME TAX CERTIFICATE IN CHILE Certificate N° 72200

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15 JUN -6 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate code: MFQQW4LF

#### I. IDENTIFICATION

Corporate name: SOCIEDAD DE INVERSIONES BABALASA L

Tax identification number in Chile: 76027965-K

Commercial activity: Investment company and income from real estate investment in general

Type of taxpayer: Legal Person

Address: Av. El Golf 82 501 Municipality: Las Condes

#### II. CERTIFICATION

It is hereby certified that the taxpayer herein named in this documents has declared its income tax corresponding to the period comprehended between 01/01/2013 and 12/31/2013 pursuant to the tax laws in Chile and according with the following detail

Type of Income	Tax basis	First category Tax	Additional Tax	Additional Supplement	2nd category Tax	Total Tax paid
Annual Income	49530679	9906136				9906136

All amounts are in Chilean pesos

Corresponds to the net tax deducting all credits valid against the tax

III, To be filed in the United States of America

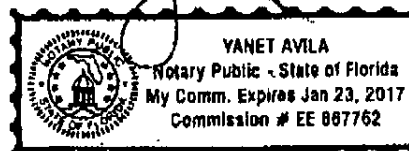
This certificate cannot be used for the application of norms regulating the Double Taxation Agreements

Date: 04/24/2015

Signature of Claudio Ambiado Araya  
Regional Directorate  
XV REGIONAL METROPOLITAN DIRECTORATE  
SANTIAGO ORIENTE

I hereby certify that this translation made from Spanish is correct in its entirety and that I am qualified to make it. Issued in Miami, Florida in 05/18/2015.

Hector Burga  
Associate member 246401  
American Translators Association



F3460

## CERTIFICADO SOBRE SITUACIÓN TRIBUTARIA EN CHILE

(Certificate of taxable income in Chile)

Certificado (Certificate) N° 72200

Código de verificación (Verification code) : MPQQW4LF

## I.- IDENTIFICACIÓN DE LA PERSONA (Identification of the person)

Nombre o Razón Social (Name)
SOCIEDAD DE INVERSIONES BABALASA L

Rut o número de identificación tributaria (Tax identification number in Chile)	Giro o Actividad Económica (Commercial Activity)
78027965-K	SOCIEDADES DE INVERSION Y RENTISTAS DE CAPITAL MOBILIARIOS EN GENERAL

Tipo de contribuyente (Type of taxpayer)		
<input type="checkbox"/> Persona Natural (Individual)	<input checked="" type="checkbox"/> Persona Jurídica (Legal Person)	<input type="checkbox"/> Otra Entidad (Other Entity)

Dirección (Address)	
Calle (Street)	Comuna (Municipality)
AV. EL GOLF 82-541	Las Condes

## II.- CERTIFICACIÓN (Certification)

Se certifica que se han declarado y/o retenido a nombre del contribuyente individualizado en este documento los impuestos a la Renta correspondientes al período comprendido entre el 01/01/2013 y el 31/12/2013, conforme a la legislación tributaria chilena y de acuerdo al detalle siguiente:

(It is certified that the taxpayer identified in this document has declared income taxes and/or they have been withheld on his behalf for the time between \_\_\_\_\_ and \_\_\_\_\_, in conformity with the Chilean tax law and according to the following detail:)

Tipo de Renta (Type of Income)	Baza Imponible (Tax Base)	Impuesto 1ra. Categoría (First Category Tax)	Impuesto Adicional* (Additional Tax)	Impuesto Global Complementario* (Complementary Global Tax)	Impuesto Único 2da. Categoría (Second Category Tax)	Total Impuesto Pagado (Total tax Paid)
Renta Anual	49530570	3908138				3908138

Todos los montos están expresados en pesos chilenos.

(All the amounts are in Chilean pesos)

\*Corresponde al impuesto neto, descontados todos los créditos a que tenga derecho en contra de ese tributo.

(Corresponds to the net tax, all available credits have been deducted against that tax.)

III.- Para ser presentado ante: Estados Unidos de América

Este certificado no puede ser usado con fines de aplicación de normas de Convenios para Evitar la Doble Tributación.

(To be presented before: \_\_\_\_\_)

This certificate can't be used in order to apply Convention for the Avoidance of Double Taxation)



CLAUDIO AMBRADO ARAYA

DIRECTOR REGIONAL

XV DIRECCIÓN REGIONAL METROPOLITANA SANTIAGO ORIENTE

24/04/2015

FECHA (Date)

15 JUN - 4 PM 1:31

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