

F16000004100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200290112672

09/13/16--01028--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 13 PM 2:00

FILED

5/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRUCEROS AUSTRALIS S.A. (Corp.)

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:

Name of Person
CRUCEROS AUSTRALIS S.A.

Firm/Company
1313 PONCE DE LEON BLVD, STE 201

Address
CORAL GABLES, FL 33134

City/State and Zip code
MLRIVERO@MLRIVERO.COM

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

For further information concerning this matter, please call:

MANUEL L. RIVERO 305 443-8500

Name of Person at () Daytime Telephone Number
Area Code

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

CRUCEROS AUSTRALIS S.A. (Corp.)

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

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

CHILE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

12/02/2005

PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

RICARDO MARAGANO 162, PUERTO WILLIAMS, CHILE

7. _____
(Principal office address)

1313 PONCE DE LEON BLVD, STE 201 CORAL GABLES FL 33134

(Current mailing address, if different)

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, STE 201

CORAL GABLES, Florida 33134
(City) (Zip code)

FILED
16 SEP 13 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PEDRO LECAROS MENENDEZ

Address: AV. EL BOSQUE NORTE 0440, OF 1103, LAS CONDES, SANTIAGO, CHILE

Vice Chairman:

Address:

Director: JUAN FRANCISCO LECAROS MENENDEZ

Address: AV. EL BOSQUE NORTE 0440, OF 1103, LAS CONDES, SANTIAGO, CHILE

Director: ROBERTO BOZZO PODESTA

Address: AV. EL BOSQUE NORTE 0440, OF 1103, LAS CONDES, SANTIAGO, CHILE

B. OFFICERS

President:

Address:

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

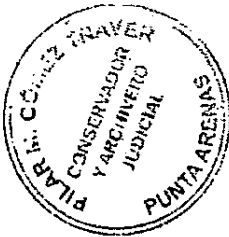
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13.

PEDRO LECAROS MENENDEZ - CHAIRMAN

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

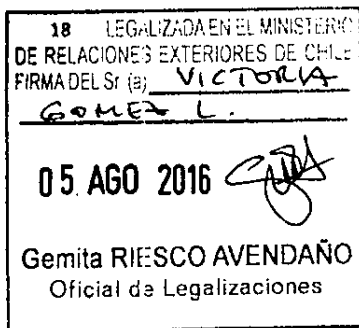
FILED
16 SEP 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




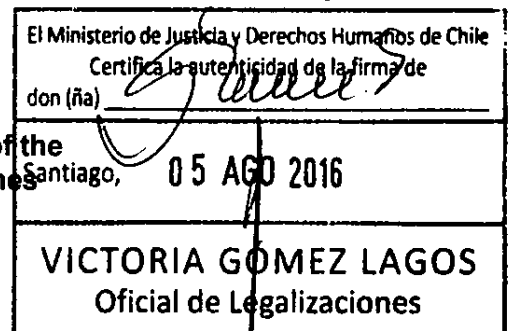
C E R T I F I C A T E

I, **PILAR GÓMEZ TRAVER**, Real Estate, Commercial and Mines Registrar, and Archivist of the Judiciary System of **Magallanes**, hereby certify that I have examined the Excerpt of the registration of the Corporation "**CRUCEROS AUSTRALIS S. A.**" that appears in folio 45 under No. 48 of the 2006 Commercial Registry. I further certify that I have verified that this registration is still **IN FORCE** and that there are no marginal notes that show that the corporation referred to above has been liquidated. PUNTA ARENAS, July 27, 2006.

(illegible stamp & signature below)

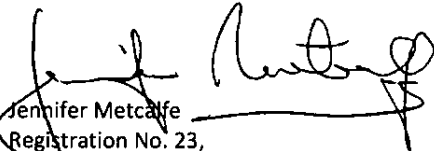



PILAR GÓMEZ TRAVER
Real Estate Registrar and Archivist of the
Judiciary System, Magallanes



I, Jennifer Metcalfe, solemnly and sincerely affirm:

1. That I am fluent in both English and Spanish.
2. That I am thoroughly familiar with these languages and have carefully made and verified the translation of the above document.


Jennifer Metcalfe
Registration No. 23,

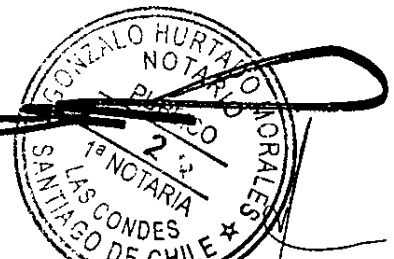
Chilean Association of Translators and Interpreters (COTICH)
jmetcalf@vtr.net

Jennifer Metcalfe Hyslop
Traductora - RUT 4.812.672-3
Registro COTICH N°23

Santiago, August 2, 2016.

CON ESTA FECHA AUTORIZO LA FIRMA DE JENNIFER ANN METCALFE HYSLOP, C.I. N° 4.812.672-3.

SANTIAGO, LAS CONDES A 05 DE AGOSTO DEL 2016.-DRS:\$2.300.-





U. S. Department of State
GENERAL AUTHENTICATION CERTIFICATE

VENUE

Republic of Chile

Country

Province of Santiago

State, Province, etc.

City of Santiago

City

U.S. Embassy, Santiago, Chile

Name of Consular Post

I certify that the official named below, whose true signature and official seal are, respectively, subscribed and affixed to the annexed document, was, on this day, empowered to act in the official capacity designated in the annexed document, to which faith and credit are due.

Gemita Riesco Avendano

Typed Name of Affiant

Signature of Consular Officer

Lesa A. Collman

Typed Name of Consular Officer

Professional Adjudication Specialist

Title of Consular Officer

08-17-2016

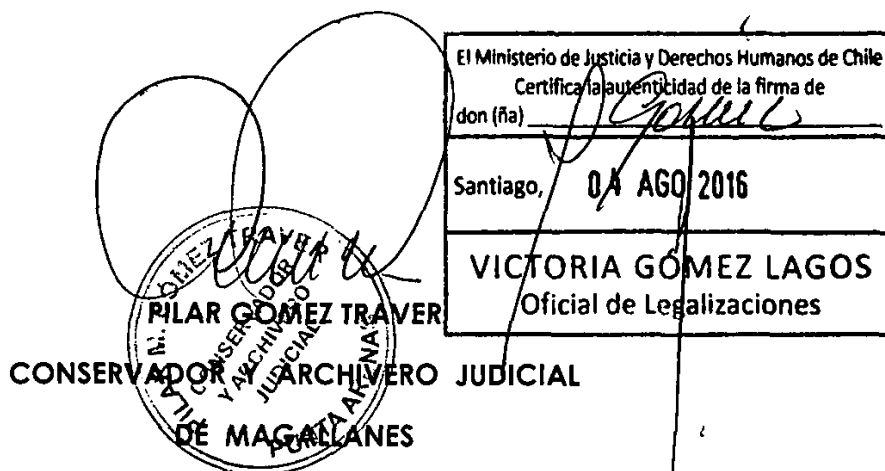
Date (mm-dd-yyyy)

(SEAL)



CERTIFICADO.-

PILAR GOMEZ TRAVER, Conservador de Bienes Raíces, Comercio, Minas y Archivero Judicial de Magallanes, que suscribe, certifica haber tenido a la vista la inscripción del Extracto de la **Sociedad Anónima "CRUCEROS AUSTRALIS S. A."**, que rola a fojas 45 No. 48 del Registro de Comercio del año 2006, constatando que esta inscripción se encuentra **VIGENTE**, sin que contenga anotaciones marginales que digan relación con la Disolución de la mencionada Sociedad.- PUNTA ARENAS, veintisiete de Julio de dos mil dieciséis.-



El Ministerio de Justicia y Derechos Humanos de Chile Certifica la autenticidad de la firma de don (ña) <u>Pilar Gómez Traver</u>	
Santiago,	04 AGO 2016
VICTORIA GÓMEZ LAGOS Oficial de Legalizaciones	





U. S. Department of State
GENERAL AUTHENTICATION CERTIFICATE

VENUE

Republic of Chile

Country

Province of Santiago

State, Province, etc.

City of Santiago

City

U.S. Embassy, Santiago, Chile

Name of Consular Post

I certify that the official named below, whose true signature and official seal are, respectively, subscribed and affixed to the annexed document, was, on this day, empowered to act in the official capacity designated in the annexed document, to which faith and credit are due.

Laura de la Vega Fernandez

Typed Name of Affiant

Signature of Consular Officer

Lesa A. Collman

Typed Name of Consular Officer

Professional Adjudication Specialist

Title of Consular Officer

08-17-2016

Date (mm-dd-yyyy)

(SEAL)