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COVER LETTER

TO:							
	Division of Corporations CASAS DE HUALDO NORTH AMERICA, INC.						
SURI	ECT:	CITI AMERIC	A, INC	•			
Name of corporation - must include suffix							
Dear 9	Sir or Madam:						
Dear .	ni oi iriadam.						
"Certi	iclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good St	anding	and check are subm			
	return all correspondence concert N PRESCOTT	ning this matt	er to th	e following:			
		Name o	f Perso				
BURR	& FORMAN LLP	, , ,		•			
	·	Firm/Co	mpany				
420 20	TH STREET NORTH, STE 3400						
		Ado	lress				
BIRM	INGHAM, ALABAMA 35203						
	· · · · · · · · · · · · · · · · · · ·	City/State	and Zi	p code	- ····- -		
	E-mail addre	ss: (to be use	d for fu	ture annual report no	etification)		
For fu	rther information concerning this	matter, please	e call:				
Ellen Prescott 205			458-5115				
		at () _				
	Name of Person	Area Co	ode	Daytime Telepho	one Number		
STREET/COURIER ADDRESS:			MAILING ADDRESS:				
Registration Section				Registration Section			
Division of Corporations			Division of Corporations P.O. Box 6327				
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314				
Tallahassee, FL 32301				rananassee, riz	. 52514		
Enclos	sed is a check for the following an	nount:					
Certificate of Status Certified Copy Certificate				■ \$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. CASAS DE HUALDO NORTH AMERICA, INC. 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) 61-1935166 DELAWARE 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) JUNE 7, 2019 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) PROLONGACION DE EMBAJADORES S/N, 28053 MADRID, SPAIN (Principal office address) 2153 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida (City) 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. C T Corporation System

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.

Jin Song, Assistant Secretary

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS JOSE ANTONIO PECHE MARIN-LAZARO PROLONGACION DE EMBAJADORES S/N, 28053 MADRID, SPAIN Address: __ Address: _ Address: ____ Address: ______ B. OFFICERS JOSE ANTONIO PECHE MARIN-LAZARO PROLONGACION DE EMBAJADORES S/N, 28053 MADRID, SPAIN Address: Vice President: Address: ____ JOSE ANTONIO PECHE MARIN-LAZARO Secretary: PROLONGACION DE EMBAJADORES S/N, 28053 MADRID, SPAIN Address: MARIA BELEN ORJALES MARINO PROLONGACION DE EMBAJADORES S/N, 28053 MADRID, SPAIN Address:

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

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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. JOSE ANTONIO PECHE MARIN-LAZARO - President and Secretary

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



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

DELAWARE, DO HEREBY CERTIFY "CASAS DE HUALDO NORTH AMERICA, 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 THIRTIETH DAY OF JULY, A.D.

2019.

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



Authentication: 203311957

Date: 07-30-19

SR# 20196224958