

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000159910 3)))



H200001599103ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION Contextus, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

T GLASS

မှ

Electronic Filing Menu

Corporate Filing Menu

HUAY 29 2020

DocuSign Envelope ID: 59AC9AAC-03BF-48E0-985C-7B9B50C36574

## 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.

| (Enter name of co  | rporation; must include "INCO orp," "Inc," "Co," or "Corp.")  | ORPORATED," "COMPANY," "CORPORATION,"   |  |
|--|---|---|--|
| (If name unavaila  | ble in Florida, enter alternate c   | orporate name adopted for the purpose of transacting but  | siness in Florida)   |
| Delaware   |   | 3. 85-1134531 (FEI number, if applica   |  |
| . '17 2020   |   |   |  |
| (Date  | of incorporation)   | 5. (Date of duration, if other than   | perpetual)   |
| 7800 Oak Lane  |   | cted business in Florida, if prior to registration) 7.1501 & 607.1502, F.S., to determine penalty liability) e. Miami, Florida 33016                        |  |
|  |   | (Principal office address)  |  |
|  |   |   |  |
|  |   |   |  |
|  |   | (Current mailing address, if different)   |  |
| Name and stree   |   | (Current mailing address, if different) red agent: (P.O. Box NOT acceptable)  | - 20   |
| Name and stree   | C T Corporation System  | red agent: (P.O. Box <u>NOT</u> acceptable)   | 26.7   |
| Name:  |   | red agent: (P.O. Box <u>NOT</u> acceptable)   | 26.13.   |
| Name:  | C T Corporation System  1200 South Pine Island Roa  | red agent: (P.O. Box <u>NOT</u> acceptable)   | (L)<br>•   |
| Name:  | C T Corporation System  1200 South Pine Island Roa  | red agent: (P.O. Box <u>NOT</u> acceptable)   | ယ<br>(၁<br>(၃)   |
| Name:  Mice Address:  Registered age aving been names ignated in this rther agree to contact the contact that the contact is agree to contact the cont | C T Corporation System  1200 South Pine Island Roa  Plantation,  (City)  ent's acceptance: ed as registered agent and application, I hereby acceptomply with the provisions of                              | red agent: (P.O. Box <u>NOT</u> acceptable)   | Co<br>CO<br>Prporation at the pla<br>To act in this capacity     |
| Name:  Mice Address:  Registered age aving been names ignated in this rther agree to contact the contact that the contact is agree to contact the cont | C T Corporation System  1200 South Pine Island Roa  Plantation,  (City)  ent's acceptance:  ed as registered agent and application, I hereby acceptomply with the provisions of amiliar with and accept the | to accept service of process for the above stated continue appointment as registered agent and agree to fall statutes relative to the proper and complete p | ©<br>\Q<br>Q<br>orporation at the pla<br>to act in this capacity |

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.

A. DIRECTORS

DocuSign Envelope ID. 59AC9AAC-03BF-48E0-985C-7B9850C36574

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

| Chairman            | Diego Lucio Enrique Fernandez   |  |
|---------------------|---|--|
| Address:            | Juan Jose Pasos 100, Torre 3 depto 3c, Casonas del golf., Villa Allende CP5105, Arg   | entina                                   |
|                     |   |  |
| Vice Cha            | iman: Fabio Rodrigo Farchetto   |  |
| Address:            | Gregoria Matorras 3829 Córdoba. Córdoba. CP 5009, Argentina   |  |
|                     |   |  |
|                     | Gonzalo Sebastian Fernandez   |  |
| Address:            | Augusto Cortazar 4954 Córdoba, Córdoba CP5009. Argentina  |  |
|                     |   |  |
| Director:           |   |  |
| Address:            |   |  |
|                     |   |  |
| B. OFF              |   |  |
| President           | ti Diego Lucio Enrique Fernandez  |  |
| Address:            | Juan Jose Pasos 100, Torre 3 depto 3c, Casonas del golf., Villa Allende CP5105, Arg   |  |
|                     |   | 7n:,                                     |
| Vice Pre            | sident:   | · · · · · · · · · · · · · · · · · · ·    |
| Address:            |   | : N                                      |
|                     |   | :  |
| Secretary           | Fabio Rodrigo Farchetto   | 9: -                                     |
| Address:            | Gregoria Matorras 3829 Córdoba, Córdoba, CP 5009, Argentina   | \D                                       |
| Treasure            | Conzalo Schastian Fernandez   | <u>.</u>                                 |
| Address:            | Augusto Cortazar 4954 Córdoba, Córdoba CP5009. Argentina  | <u> </u>                                 |
|                     | : If necessary, you may attach an addendum to the application listing additional officers and/  | or directors.                            |
|                     | Dicyo Fernandez Signature of Director or Officer  |  |
| The off<br>are true | Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S. | facts stated herein of State constitutes |
| 13. <u>Di</u>       | ego Lucio Enrique Fernandez, President  (Typed or printed name and capacity of person signing application)  |  |
|                     | (Toward as amineral name and connective of person signing application)  |  |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTEXTUS, 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-EIGHTH DAY OF MAY, A.D. 2020.

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

7927369 8300 SR# 20204939980



Authentication: 203006940

Date: 05-28-20

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