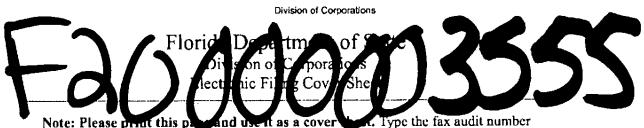
8/12/2020



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:_____

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AUG 17 777

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	orporation; must include "INCORPORATED," " orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
PER ENTERPR	ISE CORP.	
(If name unavailed DELAWARE	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)
	y under the law of which it is incorporated)	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
JUNE 30, 2020		UNE 29, 2110
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150 KEY DRIVE, SUITE 206, MIAMI, FLORIDA	22, F.S., to determine penalty liability)
		al office address)
	` `	
		g address, if different)
	(Current mailing	g address, if different)
Name and stree		g address, if different)
Name and street	(Current mailing	g address, if different) D. Box NOT acceptable)
Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O C T Corporation System	g address, if different)
Name:	(Current mailing	g address, if different) D. Box NOT acceptable)
Name:	(Current mailing et address of Florida registered agent: (P.O C T Corporation System	g address, if different) D. Box NOT acceptable)
Name:	(Current mailing et address of Florida registered agent: (P.O.C. T. Corporation System 1200 South Pine Island Road	g address, if different) D. Box NOT acceptable)
Name:	(Current mailing et address of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road Plantation,	g address, if different) D. Box NOT acceptable) , Florida (Zip code)
	(Current mailing et address of Florida registered agent: (P.O.C. T. Corporation System 1200 South Pine Island Road	g address, if different) D. Box NOT acceptable) The state of the sta
Name: Hice Address:	(Current mailing et address of Florida registered agent: (P.O.C. T. Corporation System 1200 South Pine Island Road Plantation, (City)	g address, if different) D. Box NOT acceptable) , Florida (Zip code)
Name:	(Current mailing et address of Florida registered agent: (P.O.C. T. Corporation System 1200 South Pine Island Road Plantation, (City)	g address, if different) D. Box NOT acceptable) , Florida (Zip code) (Zip code)
Name: fice Address: Registered ag ving been nam	(Current mailing et address of Florida registered agent: (P.O. C.T. Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: seed as registered agent and to accept serve the appoint.	g address, if different) D. Box NOT acceptable) , Florida (Zip code) ice of process for the above stated corporation as registered agent and agree to act in this
Name: fice Address: Registered ag ving been nam	(Current mailing et address of Florida registered agent: (P.O. C.T. Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: seed as registered agent and to accept serve the appoint.	g address, if different) D. Box NOT acceptable) , Florida (Zip code) ice of process for the above stated corporation as registered agent and agree to act in this
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Name: Tice Address: Registered agoing been namesignated in this	(Current mailing et address of Florida registered agent: (P.O. C.T. Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: a polication, I hereby accept the appoints to comply with the provisions of all statutes if familiar with and accept the obligations of	g address, if different) D. Box NOT acceptable) 33324 (Zip code) ice of process for the above stated corporation a ment as registered agent and agree to act in this relative to the proper and complete performance of my position as registered agent.
Name: fice Address: Registered ag ving been nam ignated in this	(Current mailing et address of Florida registered agent: (P.O. C.T. Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: the description of all statutes is comply with the provisions of all statutes.	g address, if different) D. Box NOT acceptable) [Solution of process for the above stated corporation of ment as registered agent and agree to act in this relative to the proper and complete performance of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which it is incorporated.

irman	MARCOS CONSTANDSE REDKO
	BOULEVARD KUKULCAN KM. 2.8, ZONA HOTELERA
ress:	
	CANCUN, QUINTANA ROO 77500 MEXICO
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ress:	CANCUN, QUINTANA ROO 77500 MEXICO
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	RAÚL LUGO MONJARRÁS
tary:	
•	BOULEVARD KUKULCAN KM. 2.8, ZONA HOTELERA
css:	CANCUN, QUINTANA ROO 77500 MEXICO MARCOS CONSTANDSE REDKO
surer:	
	BOULEVARD KUKULCAN KM. 2.8, ZONA HOTELERIA /
	CANCUN, OUINTANA ROO 77500 MEXICO
E:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer eer or director signing this document (and who is listed in number 11 above) affirms that the facts stated h

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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "PERSUS CORPORATION" 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 TENTH DAY OF AUGUST, A.D. 2020.

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

and corn delaware gov/auth

Authentication: 203438742

Date: 08-10-20