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(F	Requestor's Name)	
	Address)	
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(Business Entity Name)	
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Account#: 120000000088

Date:	11/17/2020	
Name:		
	#:1290161	
Entity Nam	e:AMARAS M	ARKETING COMPANY
	eles of Incorporation/Authorizat	
Ame	endment	
☐ Cha	nge of Agent	
☐ Reir	nstatement	
Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	7 /	

COVER LETTER

Divis	tration Section ion of Corporations			
SUBJECT:	Amaras Marketing Company	•		
	Name	of corporation - mu	ist include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Standing	" and check are subn	
Please return	all correspondence concern	ing this matter to th	ne following:	
Jordan Olson				
	·	Name of Perso	on	
Baker McKenz	zie LLP			
		Firm/Company	,	
Two Embarcac	dero Center, 11th Floor			
		Address		
San Francisco.	CA 94111			
		City/State and Z	ip code	
luis@mezcalar				
	E-mail addres	s: (to be used for fu	ture annual report no	otification)
For further in	formation concerning this n	natter, please call:		
Jordan Olson		at (415) 5	76-3063	
Nam	e of Person	Area Code	Daytime Teleph	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81- hassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a Please make ch	check for the following am neck payable to: FLORIDA D ing Fee	EPARTMENT OF ng Fee &	STATE 3.75 Filing Fee & rtified Copy	S87.50 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.

Amaras Marketi	<u>5</u> 50			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)		
Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
August 2 2020				
4. (Date of incorporation) 5.		(Date of duration, if other than perpetual)		
) <u>.</u>				
	rive, Wilmington, DE 19808 (Principal office) Oakland, CA 94601	street address)		
	(Current mailing a	uddress, if different)		
	-			
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. E Corporation Service Company	Box NOT acceptable)		
Name:		NOV 17		
	Corporation Service Company	Box NOT acceptable) Florida 32301 (Zin 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.

Lynn M. CanneLongo Lynn M. CanneLongo, AVP

(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.

A. DIRECTORS			
□ Chairman	Name:	Chairman	Name: Shelley Turner
□Vice Chairman	Address:Av Oaxaca 96, Pisto 1, Int 101	□Vice Chairman	Address: P.O. Box 17072
■ Director	Mexico City 06700, Mexico	Director	Oakland, CA 94601, U.S.A.
□President		■ President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Jose Luis Salinas	□ Chairman	Jorge Agustin Gutierrez Mongil
□Vice Chairman	Address: Av Oaxaca 96, Pisto 1, Int 101	□ Vice Chairman	Address: 2001 Biscayne Blvd #3512
□Director	Mexico City 06700, Mexico	□Director	Miami, FL 33137
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
Other CFO	□Other	Other	Other
□Chairman	Name:	□ Chairman	Name:
	Address:		Address:
			Addition.
Director		□Director	
□President		□President	
□ Vice President		□Vice President	
□Secretary	☐ Treasurer	☐ Secretary	☐Treasurer
□Other	Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your First a Department of the control of th		
12	Spriature of Direc	tor or Officer	
The officer or direct	ctor signing this document (and who is listed in nu		at the facts stated herein are true and that he or

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 of 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.

Jose Luis Salinas, CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMARAS MARKETING COMPANY" 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 TWENTIETH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMARAS MARKETING COMPANY" WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2020.

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

Authentication: 203900472

Date: 10-20-20