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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AZUCAR LTD	
	
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COVER LETTER

то:		tion Section of Corporations			
SUBJ	ECT: A	ZUCAR LTD.			
		Name of	corporation	- must include suffix	
Dear S	ir or Mada	Am:			
"Certi:	ficate of E		f Good Stan	Authorization to Transact Buding" and check are submitters in Florida.	
Please	return all	correspondence concerning	g this matter	to the following:	
Mariel	la Martinez				
			Name of	Person	
Jones 1	Walker LLI	•			
			Firm/Con	pany	
201 S.	Biscayne B	llvd. Suite 3000			
			Addro	ess	
Miami	, FL 33131				
			City/State a	nd Zip code	
mrich(Pjoneswalk				
		E-mail address:	to be used t	or future annual report notifi	cation)
For fu	ther infor	mation concerning this man	ter, please c	all:	
Mark I). Rich	а	305	_) 679-5720	
	Name of	f Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303				MAILING ADDI- Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	on rations
Please		ck for the following amou payable to: FLORIDA DEI Fee S78.75 Filing Certificate of	ARTMENT		\$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.

(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Biscayne Blvd. Suite 3000, Miami, Ft. (Principal offi	98-0545529 (FEI number, if a (Date of duration, if other Florida, if prior to registration) 02, F.S., to determine penalty liabil	pplicable) than perpetual)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 (Principal offi	(FEI number, if a (Date of duration, if other (Date of duration, if other Florida, if prior to registration) 02. F.S., to determine penalty liabil (3313) ce street address)	pplicable) than perpetual)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 (Biscayne Blvd. Suite 3000, Miami, FL.) (Current mailin)	(Date of duration, it other Florida, if prior to registration) 02, F.S., to determine penalty liabil 33131 ce street address)	than perpetual)
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Biscayne Blvd. Suite 3000, Miami, FL (Principal offi	(Date of duration, it other Florida, if prior to registration) 02, F.S., to determine penalty liabil 33131 ce street address)	than perpetual)
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	. Box <u>NOT</u> acceptable)	0
ACS LLC		
S. Biscayne Blvd. Suite 3000		271
ni	 Elocida 33131	
(City)	(Zip code)	_
egistered agent and to accept service ation, I hereby accept the appointm	ent as registered agent and agr	ree to act in this cap
		re perjormance of n
1	(City) cceptance: registered agent and to accept service ration, I hereby accept the appointm with the provisions of all statutes re and accept the obligations of my pos	rii Florida 33131 (City) (Zip code)

under the law of which it is incorporated.

A. DIRECTORS Name: **DChairman** _____ ∐Chairman Name: ___ Address: □ Vice Chairman UVice Chairman Address: Director **Director** Jose Francisco Fanjul President El President Jose Francisco Fanjul, Jr. DVice President □Treasurer **D**Secretary Treasurer USecretary □Other _____ COther ____ □Other _____ Name: □Chairman Name: ☐Chairman □Vice Chairman Address: _______ ∪ Vice Chairman Address: [Director Director DiPresident []President □Vice President DVice President Treusurer. **E**Secretary EETi easurer **ElSecretary** __Other _____ □Other ____ COther _____ LiOther _ Name: . iChairman Name: **DiChairman** □Vice Chairman Address: ElVice Chairman Address: Director □Director ______. □ President **∐**Presidem ☐ Vice President UVice President ☐ Treasurer #Secretary Treasurer. C. Sceretary []Other_____ □Other _____ .2Other _____ COther _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is fisted 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 fellow as provided for in

Jose Francisco Fanjul, President

Certificate Of Good Standing

TO WHOM THINK CONCERN

I DO HEREBY CERTIFY that



Azucar Ltd.

Given under my hand and Seal at George Town in the Island of Grand Cayman this 3rd day of November a company duly organised and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with the office; and duly authorised to exercise therein all the powers vested in the company.



Two Thousand Twenty-One

An Authorised Officer, Registry of Companies, Cayman Islands. Authorisation Code: 5540680560: www.verify.gov.ky