

## Florida Department of State

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Division of Corporations  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

## TRADEX TC S.A.S. INC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC -1 PM 8:48

APPROVED  
AND  
FILED

12/1

**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.*

1. TRADEX TC S.A.S. INC

(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)

2. MEDELLIN, ANTIOQUIA, COLOMBIA

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. FEBRUARY 1, 2021

(Date of incorporation)

5. FEBRUARY 8, 2112

(Date of duration, if other than perpetual)

6. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6187 NW 167th STREET SUITE H-36 MIAMI LAKES, FL 33015

(Principal office street address)

6187 NW 167th STREET SUITE H-36 MIAMI LAKES, FL 33015

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MIGUEL ANGEL GIL RIOS

Office Address: 6187 NW 167th STREET SUITE H-36

MIAMI LAKES

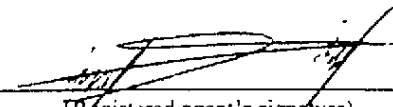
(City)

, Florida 33015

(Zip 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.*

  
(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**A. DIRECTORS**

☐ Chairman Name: MIGUEL A GIL RIOS  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6187 NW 167th STREET SUITE H-36  
☒ President MIAMI LAKES, FL 33015  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_


☐ Chairman Name: DIANA L VALENCIA LOPEZ  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 6187 NW 167th STREET SUITE H-36  
☐ President MIAMI LAKES, FL 33015  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**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.

12.  \_\_\_\_\_  
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. MIGUEL ANGEL GIL RIOS - PRESIDENT  
(Typed or printed name and capacity of person signing application)

Medellin Chamber of Commerce for Antioquia  
**CERTIFICATE OF EXISTENCE AND LEGAL REPRESENTATION**

Date issued: 22/10/2021

7:19:08 PM



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BASED ON THE REGISTRATION AND ENTRIES MADE IN THE COMMERCIAL REGISTRY, THE CHAMBER OF COMMERCE CERTIFIES:



**NAME, IDENTIFICATION AND DOMICILE**

Company name: TRADEX TC S.A.S.

Acronym: Not reported

Tax ID: 900507986-9

Principal Headquarters: MEDELLÍN, ANTIOQUIA, COLOMBIA

**REGISTRATION**

Registration No.: 21-688864-12  
Date of Registration: February 01, 2021  
Status: Active  
Date of renewal: March 31, 2021  
Group NIIF: 4 - GROUP III. Microenterprises.

**LOCATION**

Address of Head office: Carrera 25 1 A 31  
Municipality: MEDELLÍN, ANTIOQUIA, COLOMBIA  
E-mail: javitc.06@hotmail.com  
Business Phone 1: 3234641882  
Business Phone 2: Not reported  
Business Phone 3: Not reported  
Website: Not reported

Address for judicial notification: Carrera 25 1 A 31  
City: MEDELLÍN, ANTIOQUIA, COLOMBIA  
email for notification: [javitc.06@hotmail.com](mailto:javitc.06@hotmail.com)  
Telephone for notification 1: 3234641882  
Telephone for notification 2: Not reported  
Telephone for notification 3: Not reported

The legal entity TRADEX TC S.A.S. Did grant authorization to receive personal notifications via e-mail, in accordance with the provisions of Articles 291 of the General Procedures Code and Article 67 of the Code of Administrative Procedural and Contentious Matters.