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## **COVER LETTER**

TO:	Programme Registration Section Division of Corporations				
SUBJ	ECT: FALABELLA USA, I	NC.			
	1	Name of corporati	on - must include suffix	ζ	
Dear S	ir or Madam:				
"Certif	iclosed "Application by Fore ficate of Existence," or "Cert referenced foreign corporation	ificate of Good St	anding" and check are:		
Please	return all correspondence co	ncerning this mat	ter to the following:		
Camila	Rivero-Fernandez				
		Name	of Person	· ·	
RC La	w LLP				
		Firm/Co	ompany		
175 SV	V 7TH ST. SUITE 1712				
		Ad	dress		
Miami.	, FL 33130				
		City/State	and Zip code	<del></del>	
camila.	.rivero@rclawllp.net				
	E-mail a	address: (to be use	d for future annual repo	ort notification)	
For fu	rther information concerning	this matter, pleas	e call:		
Camila	Rivero-Fernandez	at (	) 598-8007		
	Name of Person	Area Co	ode Daytime Te	lephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		Registratio Division of P.O. Box 6	f Corporations	
	ed is a check for the following make check payable to: FLORI		NT OF STATE		
	.00 Filing Fee	5 Filing Fee & ficate of Status	S78.75 Filing Fee & Certified Copy	\$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.

(If nome manual	lakle in Florida anto olionot	
D 1		adopted for the purpose of transacting business in Florida
Delaware	3.	(FEI number, if applicable)
Juary 5, 2022	5.	(Date of duration, if other than perpetual)
(Dat	e of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business	
	(Date first transacted business i	in Florida, if prior to registration) 502, F.S., to determine penalty liability)
75 SW 7TH ST	(SEE SECTIONS 607.1501 & 607.1 SUITE 1712, MIAMI, FL 33130 (Principal off	Joz, 1.5., to determine penany monthly)
	(Principal of	Tree street address)
	(	and the second of the second o
	(6	ng address, if different)
	(Current main	ng address, it different)
Name and stee	et address of Florida registered agent: (P.	O. Pow. NOT pagamtakia)
ivanie and sue		J. nox <u>(NO1)</u> acceptable)
	CORPORATION SERVICE COMPANY	
Name:	····	
	1201 HAYS ST.	
Name: fice Address:	1201 HAYS ST.	
	1201 HAYS ST.	, Florida 32301 (Zip code)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

under the law of which it is incorporated.

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

A. DIRECTORS	Alejandro Patricio González Dale	_	Gonzalo Raúl Smith Ferrer
☐ Chairman	Catedral 1401, Piso 18, Santiago, Chile	<b>■</b> Chairman	Name:Catedral 1401, Piso 18, Santiago, Chile
■Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		■ President	
■Vice President		□Vice President	<del></del>
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
Other	Other	□Other	Other
□ Chairman	Andrea González Bayon	☐ Chairman	Name: Javier Andrés Allard Soto
□Vice Chairman	Catedral 1401, Piso 18, Santiago, Chile Address:	□Vice Chairman	Catedral 1401, Piso 18, Santiago, Chile
<b>■</b> Director		□Director	
□President		□President	
		□Vice President	
Secretary	□Treasurer	■ Secretary	☐ Treasurer
•		•	
Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Dir <del>e</del> ctor	
□President		☐ President	
□Vice President	•	□Vice President	
☐Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	Other	□ Other	Other
Important Notice: Individuals may be	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Depar	iment of State Annual Re	port form.
14.	Signature of Director	or of Officer	
she is aware that fa s.817.155, F.S.	stor signing this document (and who is listed in num lise information submitted in a document to the Dep is Allard Soto - Secretary	nber 11 above) affirms th partment of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in



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

DELAWARE, DO HEREBY CERTIFY "FALABELLA USA, 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 TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FALABELLA USA, INC." WAS INCORPORATED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

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



Authentication: 202356960

Date: 01-10-22