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#### **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE	INVERSIONES SURA CORP.			
SUDJE		orporation	- must include suffix	
Dear Si	r or Madam:			
"Certific	closed "Application by Foreign Corporate of Existence," or "Certificate of eferenced foreign corporation to trans	Good Stand	Authorization to Transact Business in Flor ding" and check are submitted to register to is in Florida.	ida." the
Please r	return all correspondence concerning	this matter	to the following:	
JUAN C	CARLOS RIERA			
		Name of I	Person	
INTERN	NATIONAL COMPLIANCE SOLUTION	NS LLC		~
		Firm/Com	pany	822 I
1441 BF	RICKELL AVENUE, SUITE 1007			2022 HAR
		Addre		8
MIAMI	, FL 33131		€. <u>£4</u> 2	PH
JRIERA	@ICS-COMPLIANCE.COM	City/State ar	nd Zip code	7: 06
	•	o be used f	or future annual report notification)	
For furt	ther information concerning this matt	er, please c	all:	
JUAN (	CRIERA at	(305	448-0014	_
•	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n	ed is a check for the following amountable check payable to: <b>FLORIDA DEP</b> . 00 Filing Fee \$78.75 Filing For Certificate of \$10.00 for the following amountable check payable to: <b>FLORIDA DEP</b> .	ARTMENT	] \$78.75 Filing Fee & 💢 \$87.50 Filin	of Status &

## 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.

INVERSIONES	SURA CORP.	
(Enter name of co	orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)
DELAWARE		(FEI number, if applicable)
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 11/24/2021	5.	
	of incorporation)	(Date of duration, if other than perpetual)
5	(D. C	Placida (Cariouta maintration)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)
, 1209 ORANGE S	T., WILMINGTON, NEW CASTLE COUNT	Y, DELAWARE 19801
′·		ce street address)
	(Current mailing	g address, if different)
8. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)
Name:	INTERNATIONAL COMPLIANCE SOLU	TIONS, LLC
Office Address:	1441 BRICKELL AVENUE. SUITE 1007	Box NOT acceptable) TIONS, LLC
	MIAMI	, Florida 33131 •
	(City)	(Zip code)
Having been nam designated in this further agree to c and I am familiar  —	application, I hereby accept the appointment of the provisions of all statutes rewith and accept the obligations of my posterificate of existence duly authoritizated.	gnature) not more than 90 days prior to delivery of this application to ficial having custody of corporate records in the jurisdiction.

#### A. DIRECTORS Federico Suarez Mesa Name: \_\_\_\_\_\_ □Chairman □ Chairman Name: 1441 Brickell Avenue □ Vice Chairman Address: \_\_\_\_\_\_ Address: □Vice Chairman Suite 1007 □Director Director Miami, FL 33131 □President □ President □ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman □Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □Director □Director □President □President □ Vice President ☐ Vice President Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_ □Vice Chairman Address: \_\_\_\_\_\_ □Director □ Director □President □President □ Vice President □Vice President \_\_\_\_\_ ☐Treasurer ☐ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □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 of Officer The officer or director signing this document (and who is listed in comber 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

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

Federico Suarez Mesa - Director

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### Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVERSIONES SURA CORP." 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 FIRST DAY OF FEBRUARY, A.D. 2022.

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

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SR# 20220330700
You may verify this certificate online at corp.dicia. A feegov authver. shtml

Authentication: 202547712

Date: 02-01-22