

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBIFOX SOCIEDAD ANONIMA CORP
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEJANDRA BERTRAN

Name of Person

TAXLEAF.COM

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip code

INCORPORATIONS@TAXLEAF.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRA BERTRAN

Name of Person

at (305)

Area Code

541-3980

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 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.

1. ROBIFOX SOCIEDAD ANONIMA CORP
(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. URUGUAY 3. 98-1687410
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/06/2022 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 455 NE 25th STREET 901 Miami, FL 33137
(Principal office street address)

(Current mailing address, if different)

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

Name: ACCOUNTANT & MANAGEMENT, INC.

Office Address: 1549 NE 123RD ST

NORTH MIAMI, FL Florida 33161
(City) (Zip code)

2022 OCT 17 AM 9:04

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.

[Handwritten signature]

(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.

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

A. DIRECTORS

Chairman Name: DIEGO IVAN TERAN
 Vice Chairman Address: 455 NE 25th St
 Director apt 901
 President Miami, FL 33137
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: MARIA FLOR PALAZZOLO
 Vice Chairman Address: 455 NE 25th St
 Director apt 901
 President Miami, FL 33137
 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 _____

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. DIEGO IVAN TERAN
 (Typed or printed name and capacity of person signing application)

PROOF OF CONSULTATION OF CURRENT COMMON CERTIFICATE



Taxpayer number: 219117440012

Name: ROBIFOX SA

Certificate issue date 10/04/2022

STATUS: There is a Current Common Certificate, issued under Article 663 Law 16,170

Issue date: 05/04/2022

Expiration date: 11/03/2022



SOCIAL SECURITY BANK
Tax Advice and Collection
COMMON CERTIFICATE

Law No. 16.170 / 28/Dec/90 articles 662,663 & 665

Taxpayer number
00219117440012

CERTIFICATE No
2073345

IN MONTEVIDEO, MAY SEVEN, TWO THOUSAND TWENTY TWO

THE TAX ADVICE AND COLLECTION OF THE BANK OF SOCIAL SECURITY CERTIFIES THAT THE TAXPAYER ROBIFOX SA IS IN A **REGULAR PAYMENT SITUATION** WITH THE SPECIAL SOCIAL SECURITY CONTRIBUTIONS AND OTHER TAXES, ACCORDING TO THE AMOUNT THAT IN HIS JUDGMENT HE DUE.

THIS CERTIFICATE IS VALID FOR A TERM OF 180 DAYS FROM THE DAY FOLLOWING ITS EXPEDITION.

EXPIRES: 11/03/2022

Para verificar la autenticidad del certificado podrá realizarlo mediante la firma electrónica o la lectura del código QR:



CLAVE: 00006-62590-00000-03244

<http://www.bps.gub.uy/6762/>

This certificate does not have a liberating effect on the debts that could arise in favor of the B.P.S. for reliquidations made by the taxpayer or by the Administration itself. In case of error or omission to the detriment of the B.P.S., it reserves the right to claim the corresponding amount from the taxpayer. The Agency, in application of article 665 of Law 16170, will suspend without further formality the validity of the certificates issued whenever that the taxpayer falls behind in the fulfillment of his obligations.



CERTIFICATION	6905
CONSULTATION OF ANNUAL VALIDITY CERTIFICATE	

TAX ID	219117440012	CERTIFICATE NUMBER	690500226290365
NAME	ROBIFOX SOCIEDAD ANONIMA	DATE	10/04/2022

ADDRESS	CIUDADELA 1426 Apto 303 - MONTEVIDEO
TAX CONTRIBUTION	: NOCEDE
STATUS	Authorized annual validity certificate
Issued	05/06/2022
Expiration	02/28/2023