

F23000003571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

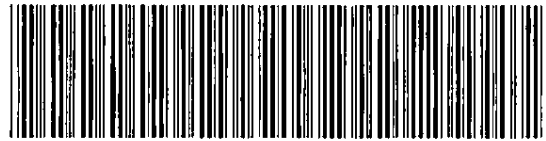
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2023 JUN -9 PM 2:52  
SECRETARY OF STATE  
HALLMARK BUILDING  
ALABAMA DEPARTMENT OF REVENUE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAMPAS GREEN INC

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:

MARICE ARIAS

Name of Person

USA & GLOBAL BUSINESS SERVICES

Firm/Company

3745 NE 171st STREET - UNIT 77

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip code

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

For further information concerning this matter, please call:

MARICE ARIAS

at (305) 934-2775

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

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. PAMPASGREEN. S.A. 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. ARGENTINA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/21/2008 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/10/2023  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. LAVALLE 1634 4th FLOOR OFFICE H, C.A.B.A - ARGENTINA - 1048  
(Principal office street address)  
3745 NE 171st STREET UNIT 77 - NORTH MIAMI BEACH, FL 33160  
(Current mailing address, if different)

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

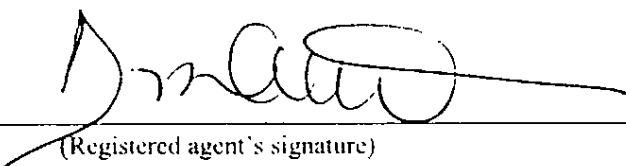
Name: USA & GLOBAL BUSINESS SERVICES

Office Address: 3745 NE 171st STREET UNIT 77

NORTH MIAMI BEACH , Florida 33160  
(City) (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.

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2023 JUN -9 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# A. DIRECTORS

☐ Chairman Name: GUILLERMO O. CASTAGNINO

☐ Vice Chairman Address: LAVALLE 1634 4th FLOOR #H

☐ Director C.A.B.A. - ARGENTINA - 1048

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: CARLOS A. SABBATINI

☐ Vice Chairman Address: LAVALLE 1634 4th FLOOR #H

☐ Director C.A.B.A. - ARGENTINA - 1048

☐ 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 \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

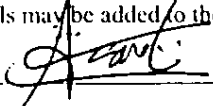
☐ President \_\_\_\_\_

☐ 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.

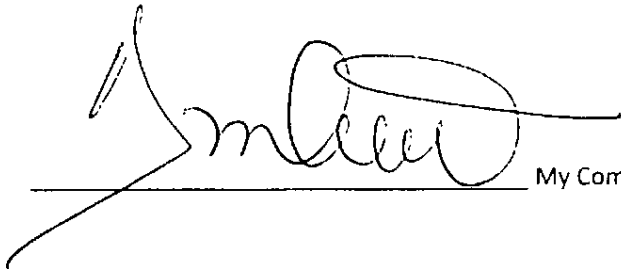
13. CARLOS A. SABBATINI - VICE-PRESIDENT

**CERTIFICATION OF TRANSLATOR'S COMPETENCE**

I, MARICE ARIAS, hereby certify that the above is an accurate translation of the original CERTIFICATE OF REGISTRATION transcribed in SPANISH and that I am competent in both ENGLISH and SPANISH to render such translation.

Dated: 06/06/2023

Sworn and Subscribed before me this 6<sup>th</sup> day of the month of JUNE, 2023



My Commission expires: \_\_\_\_\_



## TRANSLATION

FORM: Certificate of Good Standing - PROOF OF REGISTRATION

ISSUER: Federal Administration of Public income - AFIP

NAME: PAMPASGREEN S.A.

Tax ID: 30-71073762-9

TYPE OF BUSINESS: Anonymous Society

Date of filling: 04/21/2008

### NATIONAL REGISTERED TAXES/REGIMES AND DATE OF ISSUE

COMPANY GROSS INCOME	Oct-2008
SALES TAX	Oct. 2008
INFORM REGULATION: Company participation	Oct. 2008
INFORM REGULATION: Income Tax presentation on PDF format.	Jan-2010

-----  
Tax Payer Not covered by industry benefits established by Law 22021 and modifications 22702 and 22973, on the date of issuance this certificate.

This certificate does not valid for registration in:

- Personal Assets and Externalization Tax - law 26476: if applicable, they must registered at the office where you are registered.
- Income tax exempt condition, for the entities listed in sub paragraphs b/, d), e), f), g), m)and r) of Art.20 of the law, is accredited through the "certificate of income tax exemption" - General Resolution 2681
- Solidarity Contribution: if applicable, it must be requested at the office where it is registered.
- Debt responsible and others solidarity contribution: if applicable, it must be requested at the office where it is registered.

### NATIONAL ACTIVITIES REGISTERED AND DATE OF FILING

MAIN ACTIVITY: 454010 (F-883) Sale of motorcycle,parts and accessories	Start: 02/2023
SECONDARY: 454020(F-883) Maintenance and repair of motorcycles	Start: 02/2023
Closing business exercise month: 5	

### LEGAL ADDRESS - AFIP

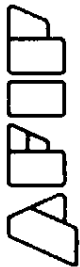
LAVALLE 1634 4<sup>th</sup> Floor Apt. H - City: C.A.B.A.

Zip code 1048 - City of Buenos Aires.

Validity of this certificate: 05-30-2023 to 06/30/2023

Time: 15.22.22 Verification 100741032887

The data contained in this certificate must be validated by the recipient of the same on the institutional page of AFIP <http://www.afip.gob.ar>



# ADMINISTRACION FEDERAL DE INGRESOS PUBLICOS

## CONSTANCIA DE INSCRIPCION

PAMPASGREEN S.A. CUIT 30-71073782-9

Forma Jurídica: SOC ANONIMA

Fecha Contrato Social: 21-04-2008

### IMPUESTOS/REGIMENES NACIONALES REGISTRADOS Y FECHA DE ALTA

10-2008  
10-2008  
10-2008  
01-2010

GANANCIAS SOCIEDADES

REG INF - PARTICIPACIONES SOCIETARIAS

REG INF - PRESENTACION DE ESTADOS CONTABLES EN FORMATO PDF

Contribuyente no empadronado en los beneficios promocionales INDUSTRIALES establecidos por Ley 27202 y sus modificaciones 27202 y 27273 a la fecha de emisión de la presente constancia

Esta constancia no da cuenta de la inscripción en:

- Impuesto Bienes Personales y Exoneración - Ley 26476; de corresponder, deberán solicitarse en la dependencia donde se encuentra inscripto.
- Impuesto a las Ganancias; la condición de exenta, para las entidades enunciadas en los incisos b), d), e), f), g), m) y n) del Art. 20 de la ley, se acredita mediante el "Certificado de exención en el Impuesto a las Ganancias" - Resolución General 2681.
- Aporte Solidario; de corresponder, deberá solicitarse en la dependencia donde se encuentra inscripto.
- Responsable Deuda Ajena Aporte Solidario; de corresponder, deberá solicitarse en la dependencia donde se encuentra inscripto.

### ACTIVIDADES NACIONALES REGISTRADAS Y FECHA DE ALTA

Fecha de inicio: 02/2021  
Mes de inicio: 02/2021

Actividad principal: 454010 (4-383) VENTA DE MOTOCICLETAS Y DE SUS PARTES, PIEZAS Y ACCESORIOS

Secundaria(s): 454020 (4-383) MANTENIMIENTO Y REPARACIÓN DE MOTOCICLETAS

Mes de cese ejercicio comercial: 5

DOMICILIO FISCAL - AFIP

CALLE 1634 Pto 3 Dpto H. BARRIO - CABA  
CIUDAD AUTONOMA BUENOS AIRES

Vigencia de la presente constancia: 30-05-2023 a 29-06-2023

Fecha: 15-22-22 Verificador: 100741032887

AFIP AFIP AFIP AFIP AFIP AFIP AFIP AFIP AFIP AFIP

Los datos contenidos en la presente constancia deberán ser validados por el receptor de la misma en la página institucional de AFIP <http://www.afip.gub.ar>