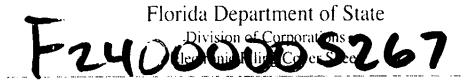
Division of Corporations



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FOREIGN PROFIT/NONPROFIT CORPORATION Unit 1 Gear, Inc.

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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.

State or country under the law of which it is incorporated) (FEI number, if applicable)	3.			
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 66 W Flagler Street, Suite 900, Miami, FL 33130 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) Florida (Zip code)		81-5429673		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 66 W Flagler Street, Suite 900, Miami, FL 33130 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) Florida 13408 (Zip code)				
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 66 W Flagler Street, Suite 900, Miami, FL 33130 (Principal office street address) 66 W Flagler Street, Suite 900, PMB 10828, Miami, FL 33130 (Current mailing address, if different) Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach North Palm Beach (City) Florida 33408 (Zip code)		(Date of duration, if other than	n perpetual)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. P.O. Box NOT acceptable				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway I North Palm Beach (City) Florida (Zip code)				
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Name: Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) Florida (Zip code)				
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Registered agent's acceptance:		(Zip code)	<u>.</u> .	11:0
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			oerformance o	f my d
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my di and I am familiar with and accept the obligations of my position as registered agent.	Ta			
aving been named as registered agent and to acco	- 10 10 10 10 10 10 10 10 10 10 10 10 10	eipal offi EL 33130 ent mailin ent: (P.C	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability) cipal office street address) FL 33130 ent mailing address, if different) ent: (P.O. Box NOT acceptable)	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability) cipal office street address) FL 33130 ent mailing address, if different) ent: (P.O. Box NOT acceptable)

^{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.

A. DIRECTORS			
Chairman	Juan Garcia Mansilla Name:	□Chairman	Name: Pablo Caicedo Gomez
□Vice Chairman	Address:	□Vice Chairman	Address: 66 W Flagler Street
Director	Suite 900, PMB 10828	Director	Suite 900, PMB 10828
President	Miami, FL 33130	□President	Little Rock, AR 72201
□Vice President		□Vice President	
☐ Secretary	■ Treasurer	□ Secretary	☐Treasurer
Other	Other	□Other	□Other
□ Chairman	Name: Francisco Abelleira Blanco	□Chairman	Name: 66 W Flauler Street
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Suite 900, PMB 10828	Director	Suite 900, PMB 10828
□President	Miami, FL 33130	□President	Miami, FL 33130
□Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	☐Treasurer
□Other	Asst. Treasurer	Other	Other
□Chairman □Vice Chairman ■Director	Name: Harold Primat Name: 66 W Flagler Street Address: Suite 900, PMB 10828	□Chairman □Vice Chairman □Director	Name:
□President	Miami, FL 33130	□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme	nt of State Annual Re	

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.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UNIT 1 GEAR, 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 EIGHTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIT 1 GEAR, INC." WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY, A.D. 2017.

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

Authentication: 204583224

Date: 10-08-24