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8/12/24, 10:01 AM Division of Corporations

Florida Department of State

Division of Corporati

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Account Name : TAXLEAF.COM INC
Account Number : I20140000084
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
MEPROEN INVERSIONES CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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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.

1. MEPROEN INVERSIONES LTDA DE CV CORP
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

MEPROEN INVERSIONES CORP
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. EL SALVADOR
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 6/12/2023
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. 5/30/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2800 GLADES CIRCLE SUITE # 105 WESTON, FL, 33327
(Principal office street address)

_____
(Current mailing address, if different)

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

Name: TAX UNION LLC

Office Address: 2800 GLADES CIRCLE SUITE # 105

WESTON, FL. (City), Florida 33327 (Zip code)

2024 OCT 10 AM 10:13

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.

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: PALMA, MARITZA ELIZABETH
☐Vice Chairman Address: 2600 GLADES CIRCLE SUITE # 105
☐Director WESTON, FL, 33327
☒President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: GUERRERO, MICHELLE ELIZABETH
☐Vice Chairman Address: 2600 GLADES CIRCLE SUITE # 105
☐Director WESTON, FL, 33327
☐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. MARITZA ELIZABETH PALMA
(Typed or printed name and capacity of person signing application)

The undersigned, Margarita Palacios Travieso, Venezuelan, of legal age, domiciled in Caracas and bearer of the Identity Card Nº V.- 16.460.897, a Public Interpreter for the Bolivarian Republic of Venezuela, as evidenced by an Official License issued unto him and published in Official Gazette Nº 39,968, dated July 19, 2012, registered with the Main Public Registry Office of the Capital District, Caracas, on March 29, 2012, under Nº 209, Folio 209, Volume 43 and with the Seventeenth Municipal Court of the Metropolitan Area of Caracas on April 20, 2012, does hereby CERTIFY that the attached document has been submitted to her for translation, and that the following is a true English language version thereof .....

[COAT OF ARMS]

GOVERNMENT OF EL SALVADOR IRS (INTERNAL REVENUE SERVICE)

SOLVENCY CERTIFICATE / AUTHORIZATION / NON-TAXPAYER

UNIQUE CODE: RPRTE5A6F02A

Corresponding Number: 19317922

Taxpayer Nit: 06140612231026

Name: MEPROEN INVERSIONES, LIMITADA DE CAPITAL VARIABLE

Date/ Time of Query: 05/29/2024 19:51:27

Validity: 06/28/2024

Current Status: SOLVENT

User: MEPROEN INVERSIONES, LIMITADA DE CAPITAL VARIABLE

IP Address: 184.51.148.175

N THE CASE OF PROCEDURES BEFORE THE UACI, NATIONAL REGISTRY CENTER AND/OR FINANCIAL INSTITUTIONS, SAID ENTITIES MUST VERIFY THE VALIDITY OF THE TAXPAYER'S STATUS THROUGH THE ELECTRONIC CONSULTATION SYSTEM, IN ACCORDANCE WITH ARTICLES 217 AND 218 OF THE TAX CODE. FOR THE REGISTRATION IN THE COMMERCIAL REGISTRY OF AGREEMENTS AND PUBLIC DEEDS OF MERGER, DISSOLUTION AND SETTLEMENT OF COMPANIES, THE TAX ADMINISTRATION WILL EXERCISE ITS INSPECTION POWER, PRIOR TO THE ISSUANCE OF PHYSICAL SOLVENCY

REPÚBLICA BOLIVARIANA DE VENEZUELA
Margarita Palacios Travieso
INTÉRPRETE PÚBLICO
IDIOMA INGLÉS
GACETA OFICIAL Nº 39.968
DE FECHA 19 DE JULIO DE 2012

WHEN THERE IS A DISCONFORMITY BETWEEN THE SOLVENCY STATUS OF THE PHYSICAL DOCUMENT AND THAT REFLECTED IN THE TAX ADMINISTRATION SYSTEM, THE LATTER WILL PREVAIL, ARTICLE 219 FINAL SECTION OF THE TAX CODE

The foregoing translation is hereby certified correct, IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the city of Caracas, on 26th of September-2024

Margarita Palacios Travieso

REPÚBLICA BOLIVARIANA DE VENEZUELA
Margarita Palacios Travieso
INTÉRPRETE PUBLICO
IDIOMA INGLÉS
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DE FECHA 19 DE JULIO DE 2012