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COVER LETTER

D	egistration Section ivision of Corporations	
SUBJEC	T: Inmofin 2002 SL Company	
0010110	Name of corporation	- must include suffix
Dear Sir o	or Madam:	
"Certifica	sed "Application by Foreign Corporation for A te of Existence," or "Certificate of Good Stand erenced foreign corporation to transact busines	ling" and check are submitted to register the
Please ret	urn all correspondence concerning this matter	to the following:
Paula Men	a	
	Name of P	Person
Inmotin 20	002 SL	
	Firm/Comp	oany
1080 Briel	cell Avenue unit 3601	
	Addres	ss
Miami, FI	. 33131	
	City/State an	d Zip code
paula.men	amoral@gmail.com	
	E-mail address: (to be used for	or future annual report notification)
For furthe	er information concerning this matter, please ca	ıll:
Paula Men	917 at (3751904
	Name of Person Area Code	
R D T 2-	TREET/COURIER ADDRESS: egistration Section vivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please mal	is a check for the following amount: se check payable to: FLORIDA DEPARTMENT: Filing Fee \$\ \Bigsire \\$78.75 Filing Fee & \Bigsire \Bigsir	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting by FLORIDA (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Principal office street address) (Ourrent mailing address, if different) Name: Paula Mena Paula Mena	icable) in perpetual	
(State or country under the law of which it is incorporated) (FEI number, if applied to the law of which it is incorporated) (Date of incorporation) (Date of duration, if other that 12-31-2004 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Principal office street address) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paula Mena 1080 Brickell Avenue unit 3601 Miami , Florida FL 33131 (City) Registered agent's acceptance:	in perpetual	l)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Principal office street address) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1080 Brickell Avenue unit 3601 Miami (City) Florida FL 33131 (Zip code) Registered agent's acceptance:	in perpetual	l)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Principal office street address) 1080 Brickell Avenue unit 3601, Miami, FL 33131 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paula Mena 1080 Brickell Avenue unit 3601 Miami Florida FL 33131 (City) Registered agent's acceptance:	···	
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Name: Paula Mena 1080 Brickell Avenue unit 3601 Miami . Florida FL 33131 (City) Registered agent's acceptance:		
Name: 1080 Brickell Avenue unit 3601	1_	~ `
Miami Florida Florid	•	17.03
Registered agent's acceptance:	· -	2024 OCT -7
Registered agent's acceptance:	:	-1
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aving been named as registered agent and to accept service of process for the above stated c	orporation	n di the p
signated in this application, I hereby accept the appointment as registered agent and agree	to act in th	his capaci
rther agree to comply with the provisions of all statutes relative to the proper and complete point I am familiar with and accept the obligations of my position as registered agent.	performan	nce of my
a i un jumului will and accept the obligations of my position as registered agent.		

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 Antonio Mena □ Chairman Name: _____ □ Chairman Mallorea 267, 5o 4a □ Vice Chairman Address: ☐ Vice Chairman Address: _____ Barcelona, Spain 08008 **■** Director □ Director □ President □President □Vice President □Vice President □ Secretary □Treasurer ☐ Treasurer □ Secretary □Other _____ □Other _____ □ Other _____ Name: Paula Mena Name: _____ □ Chairman □ Chairman 1080 Brickell Avenue unit 3601 ☐ Vice Chairman Address: ______ ☐ Vice Chairman Miami, FL 33131 ■ Director □ Director □ President □President □Vice President □ Vice President □Treasurer □ Secretary ☐ Treasurer □ Secretary ☐Other _____ □Other _____ □Other □Other □ Chairman □ Chairman Name: Name: ____ □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. 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.

MARGARITA DOMÈNECH VIÑAS

TRADUCTORA-INTÉRPRETE JURADO DE INGLÉS Y FRANCÉS

www.traduservice.com

Madrazo, 33, 4.º 4.ª

08006 Barcelona

Tel. 93 415 06 77 - Fax 93 415 13 31

MARGARITA DOMÈNECH VIÑAS, Traductora-Intérprete Jurado de idioma Inglés nombrada por el Ministerio de Asuntos Exteriores,

CERTIFICA que a su leal saber y entender el texto que antecede es traducción fiel al inglés de su original en español.

Y para que así conste y surta los efectos oportunos, expide esta traducción con el número 48/2024 de su protocolo, en Barcelona, a 28 de agosto de 2024.

MARGARITA DOMENECH VIÑAS, Sworn Translator and Interpreter of the English language appointed by the Spanish Ministry for Foreign Affairs,

CERTIFIES that, to the best of her knowledge and belief, the preceding text is a faithful translation into English of its original in Spanish.

And to confirm this for all appropriate effects, she issues this translation with number 48/2024 of the numbering system in use in her office in Barcelona, on the 28th of August 2024.

MARGARITA DOMÉNECH VIÑAS TRADUCTORA-INTERPRETE JURADO

C7. Madrazo, 33, 4.°, 4.° 08006 Barcelona Tel. 93 415 06 77 Fax 93 415 13 31

INGLES - FRANCES

ANNISTRY OF INCLUSION, SOCIAL SECURITY ANEMIGRATION

SECRETARY OF STATE FOR SOCIAL SECURITY AND PENSIONS

> GENERAL TREASURY OF THE SOCIAL SECURITY

CERTIFICATE OF BEING CURRENTLY IN COMPLIANCE WITH SOCIAL SECURITY **OBLIGATIONS**

An application having been submitted requesting a certificate which testifies to being currently in compliance with Social Security obligations relating to INMOFIN 2002, S.L. with ID Number 0B62942289 as of 24/08/2024.

The General Treasury of the Social Security

CERTIFIES: That according to the data held in the General Treasury of the Social Security, the above referenced applicant is found to be up-to-date with its Social Security obligations.

The present certificate is POSITIVE in its nature. It does not give entitlement to rights or the expectation of rights neither in favor of the applicant nor in favor of third parties. It cannot be invoked for the purpose of interrupting or paralyzing prescription or expiration periods, nor does it serve as a means of notification relating to files to which it may refer. Its contents cannot affect the results of subsequent verification and investigation procedures and it does not provide exemption from compliance with obligations relating to asset seizure proceedings previously notified to their addressees.

> MARGARITA DOMÉNECH VIÑAS TRADUCTORA-INTERPRETE JURADO C/. Madrazo, 33, 4.º, 4.ª

08006 Barcelona

Tel. 93 415 06 77 Fax 93 415 13 31

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Data obtained on 26/08/2024 at 08:20:42

VERIFICATION REFERENCE

Code: 6RXSG-L5XM2-PONE3-K23NM-D2UNM-ECXOS Date: 26/08/2024 The authenticity of this document can be checked at the Social Security E-Office.

E-Office: https://sede.seg-social.gob.es

Page I of I

Website: www.seg-social.es

MARGARITA DOMÈNECH VIÑAS

TRADUCTORA-INTÉRPRETE JURADO DE INGLÉS Y FRANCÉS

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08006 Barcelona

Tel. 93 415 06 77 - Fax 93 415 13 31

MARGARITA DOMÈNECH VIÑAS, Traductora-Intérprete Jurado de idioma Inglés nombrada por el Ministerio de Asuntos Exteriores,

CERTIFICA que a su leal saber y entender el texto que antecede es traducción fiel al inglés de su original en español.

Y para que así conste y surta los efectos oportunos, expide esta traducción con el número 47/2024 de su protocolo, en Barcelona, a 28 de agosto de 2024.

MARGARITA DOMENECH VIÑAS, Sworn Translator and Interpreter of the English language appointed by the Spanish Ministry for Foreign Affairs,

CERTIFIES that, to the best of her knowledge and belief, the preceding text is a faithful translation into English of its original in Spanish.

And to confirm this for all appropriate effects, she issues this translation with number 47/2024 of the numbering system in use in her office in Barcelona, on the 28th of August 2024.

M. Laveus

MARGARITA DOMÉNECH VIÑAS TRADUCTORA-INTERPRETE JURADO

C/. Madrazo, 33, 4.°, 4.° 08006 Barcelona Tel. 93 415 06 77 니카/2년

Fax 93 415 13 31

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gendiatributaria.gob.es

Special Delegation of CATALONIA

The Administration LETAMENDI's ŁETAMENDI, 13 න්8007 BARCELONA (BARCELONA)

Phone: 932911100

CERTIFICATE

REFERENCE NO.: 20247415995

An application having been submitted requesting a certificate which testifies to being currently in compliance with the tax obligations relating to:

ID NUMBER: B62942289

REGISTERED COMPANY NAME: INMOFIN 2002, SL

TAX ADDRESS: CALLE MALLORCA NUM 267 Piso 5 Pta. 4 08008 BARCELONA

The State Tax Administration Agency

CERTIFIES: That according to the data held in the Tax Agency, the above referenced applicant is found to be up-to-date with its tax obligations in accordance with the provisions of Article 74.1 of the General Regulation governing actions and procedures of tax management, inspection and development of the common regulations concerning tax application proceedings, approved by Royal Decree 1065/2007 of the 27th of July.

The present certificate is issued at the request of the applicant. It is POSITIVE in its nature and has a validity of twelve months from the date of its issuance, unless specific rules requiring the presentation of said certificate provide a different period. This certificate is issued exclusively for the above referenced purpose and does not give entitlement to rights or the expectation of rights neither in favor of the applicant nor in favor of third parties. It cannot be invoked for the purpose of interrupting or paralyzing prescription or expiration periods, nor does it serve as a means of notification relating to files to which it may refer. Its contents cannot affect the results of subsequent tax audits or investigations and it does not provide exemption from compliance with obligations relating to asset seizure proceedings previously notified to their addressees.

The document is electronically signed (Law 40/2015) by the State Agency of Tax Administration, dated the 26th of August 2024. Its authenticity can be verified by using the Security Code Verification F99LVNFV63K63HMQ at www.agenciatributaria.gob.es.

MARGARITA DOMÈNECH VIÑAS TRADUCTORA-INTERPRETE JURADO

> Cl. Madrazo, 33, 4.º, 4.ª 08005 Barcelona

47/24 Tel. 93 415 06 77 Fax 93 415 13 31

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App AEAT

The document is electronically signed (Law 40/2015). Its authenticity can be verified by using the Security Code Verification F99LVNFV63K63HMQ at www.agenciatributaria.gob.es