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(Business Entity Name)

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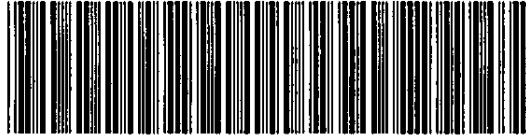
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV -2 2015

1990

**SUBJECT:** Operadora de bienes raices peninsular AMMAR, S de RL de CV

Operadora de bienes raíces peninsular AMMAR, S de RL de CV

**Please return all correspondence concerning this matter to the following:**

---

Name of Person

Eccleston International Tax

Firm/Company

---

Address

Auburndale, FL 33823

City/State and Zip Code \_\_\_\_\_

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

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

Pam Eccleston 407 530-0124  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 Name of Contact Person Area Code Daytime Telephone Number

407

at (\_\_\_\_\_)

Area Code

Daytime Telephone Number

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

☐ \$125.00 Filing Fee      ☒ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Operadora de bienes raices peninsular AMMAR, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Mexico 3. 98-1267221  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Av. Acanceh Iote 3 Mza. 3, Sm. 15 A Local 9  
Cancun, Mexico CP77505  
(Street Address of Principal Office)

6. Av. Acanceh Iote 3 Mza. 3, Sm. 15 A Local 9  
Cancun, Mexico CP77505  
(Mailing Address)

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

Name: Pamela M Eccleston  
Office Address: 209 Palmetto Street, Suite #1  
Auburndale, Florida 33823  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Maria Monica Mendez de la Cruz Manager  
Av. Acanceh Iote 3 Mza. 3, Sm. 15 A Local 9  
Cancun, Mexico CP77505

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of official having custody of records

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Maria Monica Mendez de la Cruz  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED MEXICAN STATES )  
FEDERAL DISTRICT )  
CITY OF MEXICO ) SS:  
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OF AMERICA )

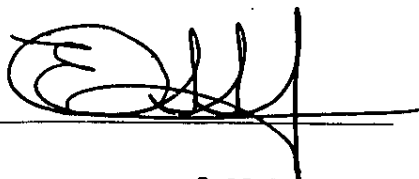
**Christa Byker**

**Vice Consul**

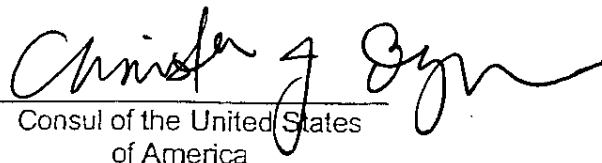
Before me, \_\_\_\_\_, Consul of  
the United States of America at Mexico, D. F., Mexico, duly commissioned and qualified,  
personally appeared Estela Lopez Lopez  
who, being duly sworn deposes and says as follows:

1. My name is Estela López López  
and I reside at Mexico City, Federal District
2. I have been familiar with the English and Spanish  
languages for the past 10 years, I made the annexed translation from  
Spanish to English. The said translation is to the best of my  
knowledge and belief a true and exact translation of the original document.

And further deponent saith not.



Subscribed and sworn to before me this \_\_\_\_\_ day of OCT 19 2015 200\_.

  
Consul of the United States  
of America

PRESIDENTIAL COMMISSIONS ARE PERMANENT

THE U.S. EMBASSY ASSUMES NO RESPONSABILITY FOR  
THE TRUTH OR FALSITY OF THE REPRESENTATIONS  
WHICH APPEAR IN THIS (OR, ANNEXED) DOCUMENT

## TAX IDENTIFICATION CARD

SHCP  
MINISTRY OF THE TREASURY  
AND PUBLIC CREDIT



SAT  
Tax Administration Service



OBR150423KY1  
Federal Taxpayer ID Number

OPERADORA DE BIENES  
RAICES PENINSULAR AMMAR  
Name, denomination or corporate  
name

idCIF: 15080452678  
VALIDATE YOUR TAX  
INFORMATION

SHCP

MINISTRY OF THE TREASURY  
AND PUBLIC CREDIT



SAT  
Tax Administration Service

## TAX STATUS CERTIFICATE

Place and date of issue  
**BENITO JUAREZ, QUINTANA ROO ON OCTOBER 12,  
2015**

## Taxpayer Identification Data:

Federal Taxpayer ID Number (RFC):	OBR150423KY1
Denomination/Corporate name:	OPERADORA DE BIENES RAICES PENINSULAR AMMAR
Capital structure:	LIMITED LIABILITY COMPANY OF VARIABLE CAPITAL (*)
Trade name:	OPERADORA DE BIENES RAICES PENINSULAR AMMAR
Date of beginning of operations:	APRIL 23, 2015
Registration status:	ACTIVE
Date of last change of status:	APRIL 23, 2015

*Estela López López*

Prof. License: 4561820  
**EXPERT TRANSLATOR**  
SUPERIOR COURT OF  
JUSTICE FOR THE FEDERAL  
DISTRICT

## Domicile Information:

Zip code: 77500	Type of Road: AVENIDA (AV.)
Name of Road: ACANCEH	Street Number: MANZANA 3 LOTE 3 LOCAL 9
House, Unit or Apt. Number:	Name of Neighborhood: SM 15 A
Name of Locality: CANCUN	Name of Municipality or District: BENITO JUAREZ
Name of State or Federal District: QUINTANA ROO	Between Streets: AVENIDA LABNA
and Street: AVENIDA NICHUPTE	E-mail: aevazquezs@gmail.com



## Contact:

Av. Hidalgo 77, Col. Guerrero, c.p. 06300  
Mexico City, Federal District  
Customer Service: 01 800 46 36 728.  
From the United States and Canada: 1 877 44 88 728.

Lada Call Phone: 044

Number: 9982519331

**Economic Activities:**

Order	Economic Activity	Percentage	Start date	End Date
1	Real estate administration services	100	04/23/2015	

**Treatments:**

Treatment	Start date	End Date
General Treatment of the Legal Entities Act	04/23/2015	

**Liabilities:**

Liability Description	Expiration Description	Start date	End Date
Value Added Tax monthly final payment.	No later than the 17th day of the month immediately following the period that may correspond.	04/23/2015	
Monthly information tax return of operations with third parties of the Value Added Tax	No later than the last day of the month immediately following the period that may correspond.	04/23/2015	
Income Tax annual tax return for the fiscal year. Legal entities. General Treatment, cooperatives and subsidiaries.	Within three months after the close of the fiscal year.	04/23/2015	
Annual information return of clients and suppliers of goods and services. Income tax.	No later than the 15th day of February of the following year.	04/23/2015	
Quarterly estimated payment on Income Tax of legal entities for the beginning of the second fiscal year. General treatment.	No later than the 17th day of the month immediately following the period that may correspond.	01/01/2016	03/31/2016
Monthly estimated payment on Income Tax of legal entities, general treatment.	No later than the 17th day of the month immediately following the period that may correspond.	04/01/2016	

Your personal data are stored and protected in SAT's systems, in accordance with the guidelines for the protection of Personal Data and the several tax and legal provisions on confidentiality and data protection, in order to exercise the powers conferred on the tax authority

If you wish to change or correct your personal information, you may go to the Local Taxpayer Services Office of your choice and/or through the website address <http://sat.gob.mx>

Seal Original Chain:

Digital Seal:

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 =

*Estela López López*



Prof. License: 4561820

**EXPERT TRANSLATOR**  
 SUPERIOR COURT OF  
 JUSTICE FOR THE FEDERAL  
 DISTRICT

Page [2] of [3]

MÉXICO

THE GOVERNMENT OF THE REPUBLIC



**COFOMER**  
 The Federal Commission on  
 Regulatory Improvement

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Av. Hidalgo 77, Col. Guerrero, c.p. 06300  
 Mexico City, Federal District  
 Customer Service: 01 800 46 36 728.  
 From the United States and Canada: 1 877 44 88 728.

denuncias@sat.gob.mx

gob.mx



Prof. License: 4561820

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SUPERIOR COURT OF  
JUSTICE FOR THE FEDERAL  
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Page [3] of [3]

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[denuncias@sat.gob.mx](mailto:denuncias@sat.gob.mx)