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то:		ation Section ' a of Corporation	S				
SUBJEC		TALINK USA L					
			Name of L	Limited Liability (Company		
			eign Limited Liability Comp I to register the above refere				
Please re	eturn all o	correspondence c	oncerning this matter to the	following:			
		ROBERTO PEI	RIS CARVAJAL			•	
			Na	me of Person		,	
	BETALINK USA LLC						
		Firm/Company					
	8333 NW 53RD ST, REGUS BUILDING, SUITE 442						
	,	Address					
	DORAL, FLORIDA 33166						
		City/State and Zip Code					•
	Ì	RPERIS@BETA	LINKGROUP.COM -			·	
	_		E-mail address: (to be used	for future annual	report not	ification)	
For furth	er inforn	nation concerning	this matter, please call:				
•	ANTON	NIO BOCCIA		909 at (435 804	19	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Box	of Corporations tion Section x 6327 see, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		ck for the followi 00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

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:

BETALINK USA LLC					
(Name of Fore	ign Limited Liability Company: must	include "Limited Liah	ility Company," "L.L.C.," c	or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of "LLC.")	of transacting business	in Florida. The alternate no	ame must includ	e "Limited
2. DELAWARE		3. 465454846			
	of which foreign limited liability	J	(FEI number, if applicabl	e)	
4					
	(Date first transacted business (See sections 605,0904 & 605,09	in Florida, if prior to 905, F.S. to determine	registration.) penalty liability)	_	
_{5.} 8333 NW 53RD ST, R	EGUS BUILDING SUITE 442				•
DORAL, 33166 FLOR			•		
	(Street Address of Pri	incipal Office)		_	
6. <u>8333 NW 53RD ST, RI</u>	EGUS BUILDING SUITE 442				•
DORAL, 33166 FLOR				5-:	
	(Mailing Ad	ldress)			-4
7. Name and street addres	s of Florida registered agent: (P.O	. Box <u>NOT</u> accepta	ible)	- C - C - C	л Э
Name:	ROBERTO PERIS CARVAJAL			SVR	3
Office Address:	8333 NW 53RD ST, REGUS BU	ILDING SUITE 44	, ,		18.15
	DORAL		, Florida <u>33166</u>	6. 6. 7. K	٠, ,
Registered agent's accept	(City)		(Zip code)		44.00
designated in this applicate to complywith the provision to the complywith the provision to the complywith the provision to the comply with the complex with the compl	gistered agent and to accept service tion, I hereby accept the appointm ons of all statutes relative to the pr ny position as registered agent. (Regineral	ent as jegistered ag	ent and agree to act in t	his capacity. I	l further agre
	U				
8. The name, title or capa JUSTIN FACEY	city and address of the person(s) w	/ho has/have authori	ty to manage is/are:		
BETALINK USA LLC O	WNER				
JAIME BALMES 8, INT	201, COLONIA LOS MORALES	POLANCO, 11510	MEXICO CITY, MEXIC	co	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized. (If the certabulated)	s old, duly authentic tificate is in a foreig	ated by the official having n language, a translation	g custody of re	cords in the
	Signature	f an authorized person		_	
	Signature of	an aumonized beison			

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.

Typed or printed name of signee

JUSTIN FACEY

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "BETALINK USA LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINETEENTH DAY OF NOVEMBER, A.D. 2015.

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





Authentication: 10456802

Date: 11-19-15

5507013 8300 SR# 20150998131