

M19000001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

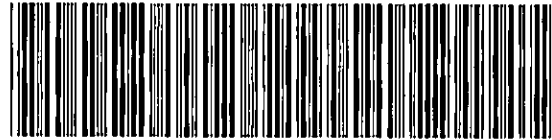
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

*ma - translated & authenticated
at the time of filing.
2/6/19*

Office Use Only



600324379846

SECRETARY OF STATE
MAIL SERVICES DIVISION

2019 FEB -6 PM 3:25

FILED

02/06/19--01005--014 **70.00

02/07/19--01002--001 **55.00

RECEIVED
19 FEB -6 PM 2:19
FEB 19 2019

2/6/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BugWare Mexico Sociedad de Responsabilidad Limitada de Capital Variable

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James M Covington

Name of Person

Firm/Company

1615 Village Square Blvd., Ste 8

Address

Tallahassee, FL 32309

City/State and Zip Code

mitch.covington@bugware.com

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

For further information concerning this matter, please call:

James Covington

at (850) 591-5087

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|---|--|---|
| ☐ \$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. BugWare Mexico Sociedad de Responsabilidad Limitada de Capital Variable
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
BugWare Mexico Sociedad de Responsabilidad Limitada de Capital Variable 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. 98-1467294
(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. Ejercito Nacional 769 Col. Almpliacion Grana 6. 1615 Village Square Blvd., Ste 8
(Street Address of Principal Office) (Mailing Address)
- Miguel Hidalgo, Ciudad de Mexico 11520 Tallahassee, FL 32309
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

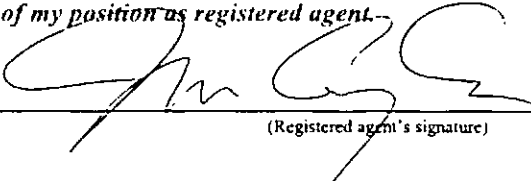
Name: James Covington

Office Address: 1615 Village Square Blvd., Ste 8

Tallahassee 32309
(City) , Florida (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)

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2019 FEB -6 PM 3:25
TALLAHASSEE
FLORIDA

FILED

2019 FEB -6 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FL 32312

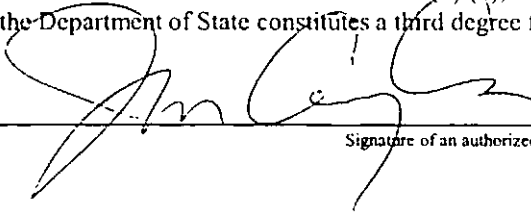
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: James M Covington	☐ Manager	Name: _____
☒ Member	Address: 4027 Bobbin Brook Cir	☐ Member	Address: _____
☐ Authorized	Tallahassee, FL 32312	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ 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.

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)

10. 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.



 Signature of an authorized person

 Typed or printed name of signee

TAX IDENTIFICATION CARD

					
					
BME180507HW0 Registro Federal de Contribuyentes BUGWARE MEXICO Nombre, denominación o razón social idCIF 18050438219 VALIDA TU INFORMACIÓN FISCAL					
Proof of Fiscal Situation Place and Date of Emission MIGUEL HIDALGO, CIUDAD DE MEXICO A 06 DE FEBRERO DE 2019					
 BME180507HW0					

Taxpayer Identification Data

RFC:

Name / Corporate Name BME180507HW0

Capital Regime BUGWARE MEXICO

Tradename Sociedad de Responsabilidad Limitada de Capital Variable

Start date of operation BUGWARE MEXICO

Status in the register ACTIVE

Date of last state change 07-may-18

Location Data

Postal Code 11520
Av. Ejército Nacional 769 Col. Ampliación Granada, Miguel Hidalgo,
Ciudad de México 11520
Teléfono (US) 018595915087
(México) 525573163226

Address

email jairo.antonio@azzi.com.mx

Contacto

Av. Hidalgo 77, col. Guerrero, c.p. 06300, Ciudad de México
Atención telefónica 627 22 728 desde la Ciudad de México,
o 01 (55) 627 22 728 del resto del país
Desde Estados Unidos y Canadá 1 877 44 83 728
demundados@gob.mx

gob.mx

Tel. Fijo Lada: 55

Number: 73163227

Economic Activities

Order	Economic Activity	Percentage	Initial date	Final Date
1	Research in physical sciences, live sciences. Services provided to the private sector	100	07/05/18	

Regimes

Regime	Initial date	Final Date
A general system of law moral persons	07/05/18	

Obligations

Description	Description Expiration	Initial date	Final Date
Monthly VAT payment	No later than the 17th day of the month immediately following the period to the corresponding period	07/05/18	
Annual statement of	Within three months after the close of the exercise	07/05/18	
Provisional monthly payment of ISR moral person flow of cash	No later than the 17th day of the month immediately following the period to the corresponding period	07/05/18	
Declaration of VAT suppliers	No later than the last day of the month immediately after the corresponding period.	07/05/18	

Before me this day HAD 216/19 personally appeared Paula Caicedo
Paula Caicedo

Signed and sworn to (or affirmed) before me on HAD 216/19
by Paula Caicedo he/she is _____
personally known to me or _____ has produced
_____ a visa _____ as identification

I, Paula Caicedo, hereby authenticate the English translation of the Attached Certificate



HANNAH DAVIS
MY COMMISSION # FF 962015
EXPIRES: February 17, 2020
Bonded Thru Notary Public Underwriters

MÉXICO

COF-MER
A FAVOR DEL COMERCIO

Contacto

Av Hidalgo 77, col Guerrero, Lp 06300, Ciudad de México
Atención telefónica: 627 22 728 desde la Ciudad de México
o 01 (55) 627 22 728 del resto del país
Desde Estados Unidos y Canadá: 1 877 44 88 728
denuncias: vat@gob.mx

CEDULA DE IDENTIFICACION FISCAL



CONSTANCIA DE SITUACIÓN FISCAL



BME180507HW0
Registro Federal de Contribuyentes

BUGWARE MEXICO
Nombre, denominación o razón
social

idCIF: 18050438219
VALIDA TU INFORMACIÓN
FISCAL

Lugar y Fecha de Emisión
MIGUEL HIDALGO, CIUDAD DE MEXICO A 06 DE
FEBRERO DE 2019



BME180507HW0

Datos de Identificación del Contribuyente:

RFC:	BME180507HW0
Denominación/Razón Social:	BUGWARE MEXICO
Régimen Capital:	SOCIEDAD DE RESPONSABILIDAD LIMITADA DE CAPITAL VARIABLE
Nombre Comercial:	BUGWARE MEXICO
Fecha Inicio de operaciones:	07 DE MAYO DE 2018
Estatus en el padrón:	ACTIVO
Fecha de último cambio de estado:	07 DE MAYO DE 2018

Datos de Ubicación:

Código Postal: 11520	Tipo de Vialidad: AVENIDA (AV.)
Nombre de Vialidad: EJERCITO NACIONAL	Número Exterior: 769
Número Interior: SUITE 200 PISO 2	Nombre de la Colonia: AMPLIACION GRANADA
Nombre de la Localidad: MIGUEL HIDALGO	Nombre del Municipio o Demarcación Territorial: MIGUEL HIDALGO
Nombre de la Entidad Federativa: CIUDAD DE MEXICO	Entre Calle: PROLONGACION MOLIERE
Y Calle: CDA. MIGUEL DE CERVANTES SAAVEDRA	Correo Electrónico: jairo.antonio@azzi.com.mx



Contacto

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Atención telefónica: 627 22 728 desde la Ciudad de México,
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Desde Estados Unidos y Canadá 1 877 44 83 723
denuncias@sat.gob.mx

Tel. Fijo Lada: 55

Número: 73163227

Actividades Económicas:

Orden	Actividad Económica	Porcentaje	Fecha Inicio	Fecha Fin
1	Servicios de investigación y desarrollo en ciencias físicas, de la vida e ingeniería prestados por el sector privado	100	07/05/2018	

Regímenes:

Régimen	Fecha Inicio	Fecha Fin
Régimen General de Ley Personas Morales	07/05/2018	

Obligaciones:

Descripción de la Obligación	Descripción Vencimiento	Fecha Inicio	Fecha Fin
Pago definitivo mensual de IVA.	A más tardar el día 17 del mes inmediato posterior al periodo que corresponda.	07/05/2018	
Declaración anual de ISR del ejercicio Personas morales.	Dentro de los tres meses siguientes al cierre del ejercicio.	07/05/2018	
Pago provisional mensual de ISR personas morales flujo de efectivo	A más tardar el día 17 del mes inmediato posterior al periodo que corresponda.	07/05/2018	
Declaración de proveedores de IVA	A más tardar el último día del mes inmediato posterior al periodo que corresponda.	07/05/2018	

Sus datos personales son incorporados y protegidos en los sistemas del SAT, de conformidad con los Lineamientos de Protección de Datos Personales y con diversas disposiciones fiscales y legales sobre confidencialidad y protección de datos, a fin de ejercer las facultades conferidas a la autoridad fiscal.

Si desea modificar o corregir sus datos personales, puede acudir a cualquier Módulo de Servicios Tributarios y/o a través de la dirección <http://sat.gob.mx>

"La corrupción tiene consecuencias ¡denúnciala! Si conoces algún posible acto de corrupción o delito presenta una queja o denuncia a través de: www.sat.gob.mx, denuncias@sat.gob.mx, desde México: 01 (55) 8852 2222, desde el extranjero: 1 844 28 73 803, SAT móvil o www.gob.mx/sfp".

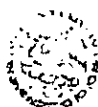
Cadena Original Sello:

Sello Digital:

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