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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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J DENNIS

JUL 0 8 2021

COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

ZUARA SA CORP

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication \$ 50.00

Articles of Incorporation and Certified Copy § 78.75

Total filing fee \$128.75

OPTIONAL:

Certificate of Status

From

PRATS FERNANDEZ & CO PA

Name (printed or typed)

999 PONCE DE LEON BLVD. STE. 1110PH

Address

\$ 8.75

CORAL GABLES, FL 33134

City, State & Zip

305 444 8333

Daytime Telephone Number

admin@pratsfernandez.com

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

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned	Veronica Lemaitre V	Director	
The andersigned, _	(Name)	(Title)	
of ZUARA, S.	A	, a foreign	
corporation, in acco	ordance with s. 607.11922, Flori	da Statutes, submit these Articles of	
Domestication.			
1. Then name	of the domesticating corporatio	n is ZUARA, S.A.	_
		(Foreign Corporation)	
	<u>. </u>	 ·	
2. The jurisdic	tion and date of its formation is	Republica de Panama, Sep 5, 1974	<u> </u>
Z. The Julisuic	CION and date of its formation is		
3. The name o	of the domesticated corporation	is ZUARA SA CURP	_
			
4. The jurisdic	tion of formation of the domest	icated corporation is Florida	
5. The domes	tication corporation is a foreign	corporation and the domestication was	
	n accordance with its organic lav	٧.	÷
		on to complete the domestication	٠.
		on to complete the domestication	
·	nts pursuant to s.607.0202, F.S.	,	1
I certify I am autho	orized to sign these Articles of De	omestication on behalf of the corporation.	-
	Mapricales	uaite	au∔ ∵Ci⊃
	(Alith	orized Signature)	CDA.

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I	NAME	
THE NAME OF THE	CORPORATION SHALL	₿Ē:
ZUARA SA CORP	·	
	PRINCIPAL OF	VICE .
THE PRINCIPAL PLA	PRINCIPAL OFF ACE OF BUSINESS/ MAI	ICE LING ADDRESS IS:
Daire	al Addrage	Mailing Address
3234 Shipping Ave.	oal Address	3234 Shipping Ave.
Miami, FL 33133		Miami, FL 33133
ARTICLE III	PURPOSE	
THE PURPOSE FOR	R WHICH THE CORPOR	ATION IS ORGANIZED:
THE NUMBER OF S	SHARES SHARES OF STOCK IS:	100
THE NUMBER OF S		
ARTICLE VI	REGISTERE	D AGENT AND STREET ADDRESS
THE NAME AND F	LORIDA STREET ADDI	RESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
PRATS FERNANDEZ	Z & CO PA	
999 Ponce de Leon	Blvd. Ste. 1110PH	-
Coral Gables, FL 331	34	
17	DD .c DECIGEDE	D AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
HAVING BEEN NA	AMED AS REGISTERE	E PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
WITH AND ACCE	PT THE APPOINTMEN	AS REGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY.		/ /
		6/29/21
Signature/Regis	terest Agent	Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND	ADDRESS(ES) AND SPECIFIC TITLES: Veronica Lemaitre, DP	Name & Title:	Daniel Lemaitre, DS
Address:	3234 Shipping Ave.	Address:	3234 Shipping Ave.
Address.	Miami, FL 33133		Miami, FL 33133
Name & Title:	Daniel E. Lemaitre, T	Name & Title:	
Address:	3234 Shipping Ave.	Address:	
	Miami, FL 33133		
Name & Title:		Name & Title:	
Address:		Address:	
Name & Title:		Name & Title:	
Address:		Address:	
I submit this doc information sub- provided for in s	cument and affirm that the facts stated in a document to the Departm .817.155.F.S.	ted herein are tru nent of State con	ue. I am aware that false astitutes a third degree felony as
VOIDIÚCO Signature/Auth	Orized Person		6 79 2021 Date

COVER LETTER

Department of State

Division of Corporations

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Tallahassee, FL 32314

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Address

CORAL GABLES, FL 33134

City, State & Zip

305 444 8333

Daytime Telephone Number

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

INHS53 (3/20)

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned.		Veronica Lemaitre V	Director	
7110 01	iac, o.g. rea,	(Name)	(Title)	
of Zl	JARA, S	S.A	a foreign	
	ation, in ac	cordance with s. 607.11922, Florida	Statutes, submit these Articles of	
1	Then nam	e of the domesticating corporation	s ZUARA, S.A.	
4 .	men nam	e of the domesticating output	(Foreign Corporation)	
			·	
2.	The jurisd	ction and date of its formation is $\underline{\underline{F}}$	Republica de Panama, Sep 5, 197	4
		of the domesticated corporation is		
3.	The name	of the domesticated corporation is		
			·	4
4.	The jurisd	ction of formation of the domestica	ited corporation is Fiorida C	OR
5.	 The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law. 			
6.	 Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S. 			
l certif	y I am auth	orized to sign these Articles of Dom	estication on behalf of the corporation.	
		(A) thori	zed Signature)	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL	BE:
ZUARA SA CORP.	
ARTICLE II PRINCIPAL OF	FICE
THE PRINCIPAL PLACE OF BUSINESS/ MAI	LING ADDRESS IS:
Principal Address 3234 Shipping Ave.	Mailing Address 3234 Shipping Ave.
Miami, FL 33133	Miami, FL 33133
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPOR Any and all lawful business	'ATION IS ORGANIZED:
ARTICLE IV SHARES	COS
THE NUMBER OF SHARES OF STOCK IS:	100
ARTICLE VI REGISTERE	D AGENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDI	RESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
PRATS FERNANDEZ & CO PA	
999 Ponce de Leon Blvd. Ste. 1110PH	
Coral Gables, FL 33134	
HAVING BEEN NAMED AS REGISTERE	D AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE	E PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
WITH AND ACCEPT THE APPOINTMENT	AS REGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY.	/ /
7	6/29/21
Signature/Registered Agent	Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND Name & Title: Address:	Veronica Lemaitre, DP 3234 Shipping Ave. Miami, FL 33133	Name & Title: Address:	Daniel Lemaitre, DS 3234 Shipping Ave. Miami, FL 33133
Name & Title: Address:	Daniel E. Lemaitre, T 3234 Shipping Ave. Miami, FL 33133	Name & Title: Address:	
Name & Title: Address:		Name & Title: Address:	
Name & Title: Address:		Name & Title: Address:	
I submit this doc information subm provided for in s.	ument and affirm that the facts sta nitted in a document to the Departs 817.155.F.S.	ted herein are tru nent of State con	e. I am aware that false stitutes a third degree felony as