

Second Request - Please honor the original submission date of 8/6

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

H2400051004

Please print this page and attach a cover sheet type to the number
(shown below) on the top and bottom of all pages of the document.

((H24000264258 3)))

FL 8.9-29



H240002642583ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

2024 AUG -8 PM 3:59

RECEIVED

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

A5 International Corp

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 AUG -6 PM 12:22

FILED

Second Request - Please honor the original submission date of 8/6

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: A5 International Corp

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>800 Brickell Ave, Ste 800</u>	<u></u>
<u>Miami, FL 33131</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding participation in an entity.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jose Francisco Tagle Claro</u>	Name and Title: <u></u>
Address <u>President, Director</u>	Address: <u></u>
<u>Av. Americo Vespucio Norte 2700, oficina 701</u>	<u></u>
<u>Vitacura, Santiago, Region Metropolitana, Chile</u>	<u></u>

Name and Title: <u>Julian Andres Munoz Illanes</u>	Name and Title: <u></u>
Address <u>Vice President, Director</u>	Address: <u></u>
<u>Av. Americo Vespucio Norte 2700, oficina 701</u>	<u></u>
<u>Vitacura, Santiago, Region Metropolitana, Chile</u>	<u></u>

Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

FILED
2024 AUG -6 PM 12:22
CLERK OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corpag Registered Agents (USA), Inc.
 Address: 800 Brickell Ave. Ste 800
Miami, FL 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Computershare Governance Services Inc.
 Address: 801 US Highway 1
North Palm Beach, FL 33408

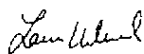
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Lauren Underwood, Attorney-in-Fact

Required Signature/Registered Agent

08/06/2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

FILED
 2024 AUG -6 PM 12:22
 DEPT. OF STATE
 TALLAHASSEE, FL

FILED
 2024 AUG -6 PM 12:22
 DEPT. OF STATE
 TALLAHASSEE, FL