مُسَيِّسِم	EASE READ	ALL INSTRUCTIONS BEF	ORE COMPLETING THIS FORM.
	DRPORATION INSTATEMENT	FLORIDA DEPARTMENT OF  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	
	CUMENT # P970000048	14	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1	oration Name	TALLAMASSEE, FLORIDA	
	r, me.		
	•		COCCETTED A
1	pal Office Address	3. Mailing Office Address	6000055558260 -05/17/0201001005
	Brickell Avenue	Sucre 1351 Cofico	****908.75 ****908.75
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	
City & Stat	ie		4. Date Incorporated or Qualified To Do Business in Florida 01/16/1997
	, Florida	City & State	5 FEI Number
Zip	Country	-Cordoba - Country	651046390 Applied For Not Applicable
33129		Country Argentina	CC CERTIFICATE OF STATUS DESIDED 38.75 Additional Fee required
		7. Name and Address of Current	for a Certificate of Status
	Name		roughtened Agent
	Lisette Pie Salazar, Street Address (P.O. Box Number is No. 240 Crandon Blvd.		
	Suite Apt. #, Etc. 266		
	c <sub>ity</sub> . Key Biscayne		State Zip Code FL 33149
8. I, being	appointed the registered agent of the above	named corporation, am familiar with and acce	
Signature o Registered .	سا ملاء ا	ppt the obligations of section 607.0505 or 617.0503, F.S.  Date 4 30 22	
		SISTERED AGENT MUST SIGN	Date 4 10 2
9. Names	and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must	list at least 3 directors)
Titles	Name of Officers and/or Directors	Street Address Officer and/or	of Each
	Dumontet, Hector	Sucre 1351 Cofic	Cordoba, Argentina OC
DV	Dumontet, REmonda	Sucre 1351 Cofic	
	·		
D. I certify the this reins	hat I am an officer or director or the receiver tatement application, the reason for dissolut	or trustee empowered to execute this application has been eliminated, the corporate name so	on as provided for in chapter 607 or 617, F.S. I further certify that when filling

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S., that all fees on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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**\( \)** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR