

F20000005172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

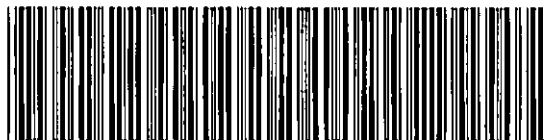
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV 17 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 NOV 17 AM 11:01

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. RBS REINSURANCE BROKING SERVICES CORREDORES DE REASEGUROS S.A.
CORP

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☐ Certified Copy of:

☐ Certificate of Status

NEW FILINGS

AMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ INC

☐ Conversion

☒ OTHER

☐ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ Statement of Authority

☐ Trademark

☐ APOSTIL () ☐
COUNTRY

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RBS REINSURANCE BROKING SERVICES CORREDORES DE REASEGUROS S.A. CORP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARTIN DELLOCA

Name of Person

MDLL CONSULTING CORP

Firm/Company

777 BRICKELL AVE STE 500-49

Address

MIAMI, FL 33131

City State and Zip code

mdelloca@mdllconsulting.com

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

For further information concerning this matter, please call:

Martin Delloca

at

305

607-3493

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. RBS REINSURANCE BROKING SERVICES CORREDORES DE REASEGUROS S.A. CORP
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARGENTINA 3. 30-71502576-7
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUL 07, 2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 777 BRICKELL AVE STE 500-49
(Principal office street address)

MIAMI, FL 33131

(Current mailing address, if different)

8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: BLUTMAX PARTNERS CORP

Office Address: 777 BRICKELL AVE STE 500-49

MIAMI, Florida 33131
(City) (Zip code)

FILED
2020 NOV 17 AM 11:01
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

A. DIRECTORS

☐ Chairman Name PADILLA, HERNAN G
☐ Vice Chairman Address 777 BRICKELL AVE
☐ Director SFE 500-49
☒ President MIAMI, FL 33131
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Hernan G. Padilla
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Hernan G Padilla
(Typed or printed name and capacity of person signing application)

ANALIA BO
Sworn Translator
Master of Arts in Translation
Member of American Translators Association member 26
Member of Association of Translators of Florida (ATAF)

SWORN TRANSLATION

November 12th, 2020

Printable Tax ID Registration Form

FEDERAL ADMINISTRATION OF PUBLIC REVENUE (AFIP for its Spanish acronym).

[AFIP logo]

CONFIRMATION OF TAX ID REGISTRATION

CUIT (Tax ID number): 30-71502576-7

RBS REINSURANCE BROKING SERVICES CORREDORES DE REASEGUROS S.A.

Legal organization: SOC. ANONIMA(Corporation)

Date on Corporation Bylaws: 07-07-2015

NATIONAL TAXES / SCHEMES, AND REGISTRATION DATE

SOCIAL SECURITY CONTRIBUTIONS WITHHOLDINGS - 748. 01-2017

INFORMATION EMPLOYER'S SOCIAL SCHEME. 09-2016

INFORMATION SCHEME - CORPORATION SHARES. 10-2015

INFORMATION SCHEME - FILING OF FINANCIAL STATEMENTS IN PDF

FORMAT. 10-2015

IVA (Value Added Tax). 10-2015

CORPORATIONS INCOME TAX. 10-2015

PERSONAL PROPERTY-SHARES OR PARTICIPATIONS. 10-2015

ORGANIZATION
Translator
Translation & Interpretation
Translators Association (ATAF)
57446)
Translators and Interpreters of
(ATAF)

The taxpayer is not covered by the INDUSTRIAL promotional benefits established by Law 22021 and its amendments 22702 and 22973, as of the date of issuance of this confirmation.

This document does not confirm registration in:-----

Personal Property and Exteriorization Tax - Law 26476: if applicable, they must be requested in the agency where it is registered. -----

Income Tax: the exempt status, for the entities listed in subsections b), d), e), f), g), m) and r) of Section 20 of the law, is credited by means of the "Income Tax Exemption Certificate" - General Resolution 2681. -----

REGISTERED NATIONAL ACTIVITIES AND REGISTRATION DATE-----

Core business 652000 (F-883) REINSURANCE.-----

Starting month: 10/2015-----

Secondary activity: 662090 (F-883) NOT PREVIOUSLY CLASSIFIED

SERVICES AUXILIARY TO INSURANCE SERVICES. Starting month: 10/2015 -

Closing month of fiscal year: 6-----

FISCAL ADDRESS - AFIP -----

PARAGUAY 346 Piso:8 - AND LEANDRO N.ALEM AVE. -----

1057-AUTONOMOUS CITY OF BUENOS AIRES -----

Validity of this confirmation: **as from 11-12-2020 up to 12-12-2020** -----

Time 13:36:26 am Verification number 102735541522-----

ANALIA BOGDAN
Sworn Translator
Master of Arts in Translation
Member of American Translators Association
member 26
Member of Association of Translators and Interpreters
Florida (ATA)

The data contained in this document must be validated by its recipient on the

Institutional page of AFIP: <http://www.afip.gob.ar>.-----

<https://seti.afip.gob.ar/padron-puc-constancia-internet/ConsultaConstanciaAction.do>

[TRANSLATION CERTIFICATION:] I, ANALIA BOGDAN, Sworn Translator, Master of Arts in Translation and Interpretation, Member of the American Translators Association (ATA) and the Association of Translators and Interpreters

of Florida (ATIF), hereby certify that I am fluent in the English and Spanish languages, that I am competent to perform the foregoing translation and that this translation is the complete and accurate translation of the attached document written in the Spanish language and called "Constancia de Inscripción". -----



ANALIA BOGDAN
Sworn Translator

*Master of Arts in Translation & Interpretation
Member of American Translators Association (ATA
member 267446)*

*Member of Association of Translators and Interpreters of
Florida (ATIF)*