

Fal000005790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

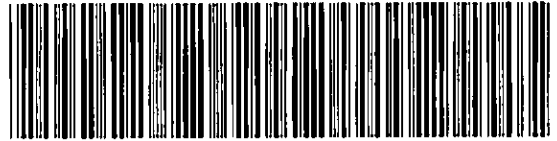
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



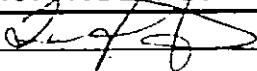
200373724382

FILED  
2021 OCT 11 AM 9:33  
OFFICE OF STATE  
RECORDS & HISTORY  
TALLAHASSEE, FL

RECEIVED  
2021 OCT 11 PM 3:43  
TALLAHASSEE, FL

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

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 70.00

Authorized Signature: 

FARALLON SRL CORP  
Corporation Name & Document Number, (if known):

(Business Name)	Document#
<input type="checkbox"/> Walk in	<input type="checkbox"/> Pick up time
<input type="checkbox"/> Mail out	<input type="checkbox"/> Will wait
<input type="checkbox"/> Photocopy	
<input type="checkbox"/> Certified Copy of Articles of Organization	
<input type="checkbox"/> Certificate of Status	

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 **CORP**

**AMMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger  
 **Conversion**

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
 Limited Partnership  
 Reinstatement  
 Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FARALLON SRL 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 E. DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

777 BRICKELL AVE STE 500-49

Address

MIAMI, FL, 33131

City/State and Zip code

MDELLOCA@MDELLCONSULTING.COM ✓

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

For further information concerning this matter, please call:

MARTIN E. DELLOCA

at (305) 3493607

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. FARALLON SRL 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 (State or country under the law of which it is incorporated)
3. (FEI number, if applicable)

4. 06/25/2015 (Date of incorporation)
5. (Date of duration, if other than perpetual)

6. 01/11/2021 (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: BLUEMAX PARTNERS CORP

Office Address: 777 BRICKELL AVE STE 500-49

MIAMI, Florida 33131 (City) (Zip code)

2021 JUN 11 AM 9:33
DEPARTMENT OF STATE
TALLAHASSEE, FL
FILED

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.

[Handwritten signature]

(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: GASTON DOMECCO  
 Vice Chairman Address: 777 BRICKELL AVE  
 Director STE 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 \_\_\_\_\_

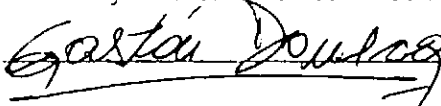
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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.  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. GASTON DOMECCO  
(Typed or printed name and capacity of person signing application)

*ANALIA BC  
Sworn Tran.  
Master of Arts in Transla.  
Member of American Transl.  
member 26  
Member of Association of Tran  
Florida (A*

**SWORN TRANSLATION** -----

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

[AFIP logo]-----

**CONFIRMATION OF TAX ID REGISTRATION** -----

CUIT (Tax ID number): 30-71580818-4 -----

**FARALLON S.R.L.** -----

Legal organization: **S.R.L.** (limited liability corporation) -----

Date on Corporation Bylaws: 06-25-2015 -----

**NATIONAL TAXES / SCHEMES, AND REGISTRATION DATE** -----

INFORMATION EMPLOYER'S SOCIAL SCHEME. 02-2020 -----

CORPORATIONS INCOME TAX. 02-2020 -----

IVA (Value Added Tax). 02-2020-----

INFORMATION SCHEME - CORPORATION SHARES. 02-2020 -----

INFORMATION SCHEME - FILING OF FINANCIAL STATEMENTS IN PDF  
FORMAT. 11-2017-----

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.-----

**REGISTERED NATIONAL ACTIVITIES AND REGISTRATION DATE**-----

Core business 102001 (F-883) PROCESSING OF SEA FISH, CRUSTACEANS  
AND MARINE PRODUCTS.-----

Starting month: 02/2020-----

Secondary activity: [Blank] -----

BOGDAN  
Translator  
Translation & Interpretation  
Translators Association (ATA  
57446)  
Translators and Interpreters of  
Florida (ATIF)

Closing month of fiscal year: **2**-----

**FISCAL ADDRESS – AFIP** -----

BELGRANO 17 Ap.: 4 -----

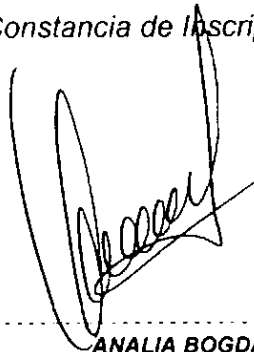
PUERTO MADRYN. 9120 – CHUBUT -----

Validity of this confirmation: **as from 10-06-2021 up to 11-05-2021** -----

Time **09:59:39 am** Verification number **107736146159**-----

The data contained in this document must be validated by its recipient on the  
Institutional page of AFIP: <http://www.afip.gob.ar>.-----

**[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), domiciled at 1120 99th Street. Ap. 204, Bay Harbor Islands,*  
*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). Tel. 786.707.5231*