

F21000005791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

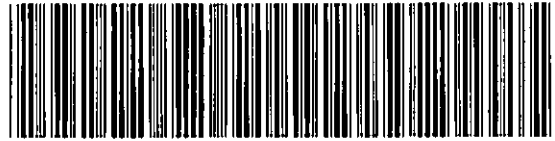
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700373724417

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2021 OCT 11 AM 9:52
CLERK OF STATE
TALLAHASSEE, FL

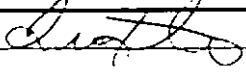
RECEIVED
2021 OCT 11 PM 3:42
CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]

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: 

MIRABELLA SRL CORP

Corporation Name & Document Number, (if known):

(Business Name)

Document#

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **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: MIRABELLA 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**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. MIRABELLA 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. 03/17/2014

(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

(City)

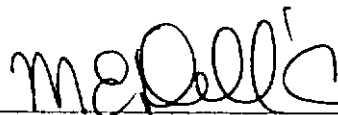
, Florida 33131

(Zip code)

FILED
2021 OCT 11 AM 9:52
STATE
OF FL

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: 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. Gaston Domecco 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)

SWORN TRANSLATION -----

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

[AFIP logo] -----

CONFIRMATION OF TAX ID REGISTRATION -----

CUIT (Tax ID number): 33-71446807-9 -----

MIRABELLA S.R.L. -----

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

Date on Corporation Bylaws: 03-17-2014 -----

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

SICORE – WITHHOLDINGS AND CHARGES – 214. 11-2019-----

PERSONAL ASSETS – SHARES. 01-2016-----

INFORMATION SCHEME - CORPORATION SHARES. 05-2014 -----

INFORMATION SCHEME - VESSEL FUEL - BUYERS. 01-2021-----

INFORMATION SCHEME - FILING OF FINANCIAL STATEMENTS IN PDF
FORMAT. 05-2014-----

IVA (Value Added Tax). 05-2014-----

CORPORATIONS INCOME TAX. 05-2014 -----

INFORMATION EMPLOYER'S SOCIAL SCHEME. 12-2015 -----

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: 12/2016-----

Secondary activity: WHOLESALE OF FISH-----

Starting month: 12/2016-----

Secondary activity: FISHING OF MARINE ORGANISMS, EXCEPT WHEN
PERFORMED ON PROCESSOR VESSELS-----

Starting month: 05/2021-----

Closing month of fiscal year: 12-----

FISCAL ADDRESS – AFIP-----

RAWSON 701-----

PUERTO MADRYN. 9120 – CHUBUT-----

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

Time **09:58:24 am** Verification number **108734825939**-----

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". -----

A handwritten signature in black ink, appearing to read 'Analía Bogdan', written over a horizontal line.

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