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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the un					
applies for a Certificate of Authority to transact busine or that purpose submits the following statement:	ss in the State of Rhode Island,	and			
The name of the corporation is:					
Foris DAX Capital, Inc.					
2. It is incorporated under the laws of: DE					
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 09/30/2021					
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
Suite 2725, Sabadell Financial Center Building, 1111 Brickell Avenue, Miami, FL 33131					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDS

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Provide credit and certain related services					
8. (a) The names and restate or country of whice	espective addr h it is incorpor	resses of its directorated):	ors (optional, unless d	firectors are required under the laws of the	
NAME	NAME		Α	ADDRESS	
James H. Grabow	Suite 2725, Sabadell F		dell Financial Center Bui	inancial Center Building, 1111 Brickell Avenue, Miami, FL 33131	
Antonio Alvarez Lorenzo Suite 2725, Sabadell		dell Financial Center Bui	ilding, 1111 Brickell Avenue, Miami, FL 33131		
			· · · · · ·	Check the box to indicate an attachment	
8. (b) The names and re of the state or country of	espective addr	resses of its princip	pal officers (mandator	y if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	James H. Grabow			Suite 2725, Sabadell Financial Center Building, 1111 Brickell Avenue, Miami, FL 33131	
VICE PRESIDENT					
TREASURER	James H. Grabow			Suite 2725, Sabadell Financial Center Building, 1111 Brickell Avenue, Miami, FL 33131	
SECRETARY	Antonio Alvarez Lorenzo		Suite 2725, Sat	Suite 2725, Sabadell Financial Center Building, 1111 Brickell Avenue, Miami, FL 33131	
			T F F F Blickell A	Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if	er of shares w	hich it has authorit	ty to issue; itemized b	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLA	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
100,000	Common			0.01	
			· · · · ·	-	
· · · · · · · · · · · · · · · · · · ·	. .				
	•				
					
10. An estimate, as a p	ercentage, of	the proportion that	t the estimated value	of the property of the corporation to be	
located within this state the following year, when	during the foli	lowing year bears t	to the value of all prop	perty of the corporation to be owned during	
0 "	,				
<u> </u>					
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation					
at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)					
0 %					

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12. This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined the accompanying attachments, and that all statements contained herein				
Type or Print Name of Authorized Officer	Date			
James H. Grabow	November 10, 2021			
Signature of Authorized Officer of the Corporation Docusigned by: ANJERET/ENGLESSE				

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FORIS DAX CAPITAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF OCTOBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORIS DAX CAPITAL, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6273391 8300 SR# 20213503504

Authentication: 204402511

Date: 10-13-21

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 12, 2021 12:22 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

