

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **FLIX TRANSLATIONS GROUP LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **8/1/2015** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

2222 Ponce de Leon Blvd.  
Ste. 300  
Coral Gables, FL 33134

**8. Required Representatives**

<b>Manager</b>	JORGE SEBASTIAN ALONSO	2222 Ponce de Leon Blvd. Ste. 300	Coral Gables	FL	33134
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**9. Registered Agent/Office**

Registered Agents Inc  
212 N. 2nd St., STE 100  
Richmond, KY 40475

I, **Registered Agents Inc**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, July 26, 2023

As the Authorized Representative, I, **MARIA GABRIELA Arriaran Mauroni**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Co-founder, Business Development**