

QUICKCORP

Business Entity Formation Form

1. Company Type Selection

Select the type of company:

- Corporation (S.A.)
- Investment Promotion Corporation (SAPI)
- Limited Liability Company (S. de R.L.)
- Multiple Purpose Financial Company (S.O.F.O.M. E.N.R.)
- Simplified Stock Company (S.A.S.)

Select fixed or variable capital:

- Fixed
- Variable

Indicate three possible names for the company in order of preference:

Duration of the Company (fixed term or indefinite):

Share Capital Amount (must total 100%):

Fixed portion:

Variable portion (optional):

Value of each contribution, share, or equity interest (whole number):

Corporate purpose, economic activities the company will engage in, or predominant business model:

Foreigner Clause:

- Admission
- Exclusion

Corporate domicile (City where assemblies are held; may be an exact address or a specific territorial area, e.g., Municipality of Benito Juarez):

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2. Company Administration

Select administration type:

- Sole Administrator Board of Directors

SOLE ADMINISTRATOR / CHAIRMAN OF THE BOARD

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Powers or Authority:

- Litigation and Collections Acts of Administration Acts of Ownership
 Sign Credit Instruments Grant and Revoke Powers of Attorney

SECRETARY

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Powers or Authority:

- Litigation and Collections Acts of Administration Acts of Ownership
 Sign Credit Instruments Grant and Revoke Powers of Attorney

TREASURER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Powers or Authority:

- Litigation and Collections Acts of Administration Acts of Ownership
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3. Additional Officers (Extra Cost)

MANAGER, OFFICER OR ADDITIONAL ATTORNEY-IN-FACT #1

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Powers or Authority:

- Litigation and Collections Acts of Administration Acts of Ownership
 Sign Credit Instruments Grant and Revoke Powers of Attorney

MANAGER, OFFICER OR ADDITIONAL ATTORNEY-IN-FACT #2

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Powers or Authority:

- Litigation and Collections Acts of Administration Acts of Ownership
 Sign Credit Instruments Grant and Revoke Powers of Attorney

4. Supervisory Body (Statutory Auditor or Supervisory Board)

Full name of statutory auditor or supervisory board members, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

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5. Company Shareholders

FIRST SHAREHOLDER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Capital Distribution:

Fixed Portion Series "A": _____ Variable Portion Series "B": _____ Contribution Amount: _____ % Total: _____

SECOND SHAREHOLDER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Capital Distribution:

Fixed Portion Series "A": _____ Variable Portion Series "B": _____ Contribution Amount: _____ % Total: _____

THIRD SHAREHOLDER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Capital Distribution:

Fixed Portion Series "A": _____ Variable Portion Series "B": _____ Contribution Amount: _____ % Total: _____

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FOURTH SHAREHOLDER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Capital Distribution:

Fixed Portion Series "A": _____ Variable Portion Series "B": _____ Contribution Amount: _____ % Total: _____

FIFTH SHAREHOLDER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Capital Distribution:

Fixed Portion Series "A": _____ Variable Portion Series "B": _____ Contribution Amount: _____ % Total: _____

SIXTH SHAREHOLDER

Full name, place and date of birth, RFC with verification digit, address, CURP, email, and cell phone:

Capital Distribution:

Fixed Portion Series "A": _____ Variable Portion Series "B": _____ Contribution Amount: _____ % Total: _____

IMPORTANT: The capital distribution must total 100%.

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6. Required Documents

This application must be duly completed and signed by the applicant, accompanied by original documents or certified copies of the following:

- CURP (Unique Population Registry Code)
- Proof of Address (when it does not match official identification)
- Tax Status Certificate or Current Tax Identification Card (RFC)
- Valid official identification issued by competent authority:
 - INE (National Electoral Institute ID)
 - Passport
 - Document issued by the National Migration Institute certifying immigration status
 - Any other valid identification with photograph and signature issued by federal, state, or municipal authority

Full name, date, and signature of the Applicant:

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7. Payment Information

Name: Carlos Rodolfo Yañez Peralta

Bank: BANORTE

CLABE Account: 072691011370919503

Card Number: 4189 1400 5242 2382

We accept cash, credit and debit cards at our offices. Cash deposits can be made using the card number at 7 Eleven, Walmart, Farmacias Guadalajara, Farmacias del Ahorro, Extra, Círculo K, Soriana.

Please share proof of payment with a reference to your service at: crystinalm@quickcorp.mx

QuickCorp

Phone: 998-8344-2330

Email: crystinalm@quickcorp.mx

Website: www.quickcorp.mx