



Certification of Beneficial Ownership

06/24/2020

a. Name and Title of Natural Person Opening Account or certifying to the accuracy of the Beneficial Owner information/party:
ALEJANDRO VOLLBRECHTHAUSEN
PRESIDENT

b. Name and Address of Legal Entity for Which the Account is Being or has been Opened:
VOLL CORPORATION

6365 COLLINS AVE APT 4401
MIAMI BEACH, FL 33141-9622

CORPORATION - TYPE S

c. Ownership - The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 % percent or more of the equity interests of the legal entity listed above:
(If no individual meets this definition, please indicate "Not Applicable.")

**Owners who own 10 % or More of
VOLL CORPORATION**

Name	Date of Birth	Physical/Business Address	<i>For U.S. Persons: Social Security Number</i>	<i>For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number</i>	<i>% Owned</i>
ALEJANDRO VOLLBRECHTHAUSEN	08/16/1968	6365 COLLINS AVE APT 4401 MIAMI BEACH, FL 33141-9622		XXX-XX-1428 MEX	100.00





06/24/2020

d. Customer Controller - The following information for one individual with significant responsibility for

VOLL CORPORATION

such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President); or
 - Any other individual who regularly performs similar functions.
- (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name/Title	Date of Birth	Physical/Business Address	For U.S. Persons Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number
ALEJANDRO VOLLBRECHTHAUSEN/Pre sident	08/16/1968	6365 COLLINS AVE APT 4401 MIAMI BEACH, FL 33141-9622	XXX-XX-1428	MEX

I, ALEJANDRO VOLLBRECHTHAUSEN (name of natural person opening account or certifying party), hereby certify, to the best of my knowledge, that the information stated above is complete and correct.

Signature: _____

Date: 06/24/2020

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