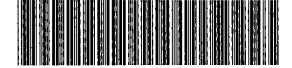
M14000001034

| (Req | uestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Add | ress) | | | |
| (Add | ress) | | | |
| (City) | /State/Zip/Phone | #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Busi | iness Entity Nam | ie) | | |
| (Doc | ument Number) | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100256385361

02/12/14--01020--008 **125.00

SECRETARY OF STATE
ALL ABASSEE FLORID

FILED
14 FEB 12 PH 12: 04

FEB 1 3 2014

T. BROWN

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: PONCE CAT 2700, LLC |
|--|
| Name of Limited Liability Company |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Roland Sanchez-Medina, Jr. |
| Name of Person |
| Ponce Cat 2700, LLC |
| Firm/Company |
| 2990 Ponce de Leon Blvd., Ste. 500 |
| Address |
| Coral Gables, Fl 33134 |
| City/State and Zip Code |
| ajp@ajpventures.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| |
| Patricia Vallejo _{at (} 786 ₎ 281-9953 |
| Name of Contact Person Area Code Daytime Telephone Number |
| MAILING ADDRESS: STREET ADDRESS: |
| Division of Corporations Registration Section Division of Corporations Registration Section |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |
| Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f name unavailable, enter alternate name adopted for the purpose of treatment of of treatm | ransacting business in Florida. The alternate name must include | 'Limite |
|--|--|--|
| Stote of Dolowers | 46 4695607 | |
| State of Delaware (Jurisdiction under the law of which foreign limited liability | 3. 46-4685607 (FEI number, if applicable) | |
| company is organized) | (i El number, il applicable) | |
| 02/21/2014 | 70 7 | |
| (Date first transacted business in (See sections 605.0904 & 605.0905 | Florida, if prior to registration.) F.S. to determine penalty liability) | 77 |
| 2990 Ponce de Leon Blvd., Suite | | San a mana San a mana San a mana |
| Coral Gables, Fl 33134 | s of Principal Office) | יו |
| • | s of Principal Office) | <u>.</u> |
| 2990 Ponce de Leon Blvd., Suite | # 500 | 2 |
| | 7 | |
| Coral Gables, Fl 33134 | | |
| Coral Gables, Fl 33134 | ng Address) | _ |
| (Maili | | |
| (Maili | son(s) who has/have authority to manage is/are: | |
| (Maili | son(s) who has/have authority to manage is/are: | 34 |
| (Maili | son(s) who has/have authority to manage is/are: | 34 |
| (Maili | son(s) who has/have authority to manage is/are: | 34 |
| (Maili | son(s) who has/have authority to manage is/are: | 34 |
| (Maili 7. The name, title or capacity and address of the pers Roland Sanchez-Medina, Jr., Manager, 2990 Ponce | son(s) who has/have authority to manage is/are: de Leon Blvd., Suite # 500, Coral Gables, FI 331 | |
| (Maili 7. The name, title or capacity and address of the pers Roland Sanchez-Medina, Jr., Manager, 2990 Ponce | son(s) who has/have authority to manage is/are: de Leon Blvd., Suite # 500, Coral Gables, FI 331 | officia |
| (Maili 7. The name, title or capacity and address of the pers Roland Sanchez-Medina, Jr., Manager, 2990 Ponce 8. Attached is an original certificate of existence, no raying custody of records in the jurisdiction under the | son(s) who has/have authority to manage is/are: de Leon Blvd., Suite # 500, Coral Gables, FI 331 more than 90 days old, duly authenticated by the law of which it is organized. (A photocopy is no | offici |
| (Maili 7. The name, title or capacity and address of the pers Roland Sanchez-Medina, Jr., Manager, 2990 Ponce 8. Attached is an original certificate of existence, no raving custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a | son(s) who has/have authority to manage is/are: de Leon Blvd., Suite # 500, Coral Gables, FI 331 more than 90 days old, duly authenticated by the law of which it is organized. (A photocopy is no | offici |
| (Maili 7. The name, title or capacity and address of the pers Roland Sanchez-Medina, Jr., Manager, 2990 Ponce 8. Attached is an original certificate of existence, no raying custody of records in the jurisdiction under the | son(s) who has/have authority to manage is/are: de Leon Blvd., Suite # 500, Coral Gables, FI 331 more than 90 days old, duly authenticated by the law of which it is organized. (A photocopy is no | offici |
| (Maili 7. The name, title or capacity and address of the pers Roland Sanchez-Medina, Jr., Manager, 2990 Ponce 8. Attached is an original certificate of existence, no raving custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a | son(s) who has/have authority to manage is/are: de Leon Blvd., Suite # 500, Coral Gables, FI 331 more than 90 days old, duly authenticated by the law of which it is organized. (A photocopy is no | offici |

Roland Sanchez-Medina, Jr.

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | of the Limited Liability Co | mpany is: | |
|-----------------|------------------------------|---|--|
| If unavailable, | the alternate to be used in | the state of Florida is: | |
| 2. The name a | and the Florida street addre | ess of the registered agent and office are: | |
| | Roland Sanch | nez-Medina, Jr. | |
| | | (Name) | |
| | 2990 Ponce d | e Leon Blvd., Suite # 500 | |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | |
| | Coral Gables | FL 33134 | |
| | | City/State/Zip | |
| | | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PONCE CAT 2700, LLC" IS DULY FORMED

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

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PONCE CAT 2700, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5474614 8300

140125256

AUTHENTICATION: 1106006

DATE: 02-03-14

You may verify this certificate online at corp.delaware.gov/authver.shtml