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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2014

CAPITAL CONNECTION

SUBJECT: MARINDIA, LLC Ref. Number: W14000053849

We have received your document for MARINDIA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00018833

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org



417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			_	
MARINDIA, LLC				
			_	
			_	
				Art of Inc. File
		<u> </u>	<u> </u>	LTD Partnership File
				Foreign Corp. File
			✓	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			·	Fictitious Owner Search
_				Vehicle Search
		_	-	Driving Record
Requested by: SETH	09/03/14			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

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:

1. MARINDIA, LL	С			-	
(Name of Pore	ign Limited Liability Company; must in	clude "Limited Liability C	ompany, "L.L.C.," or "I	U.C.T)	
(If name unavailable, enter al Liability Company," *L.L.C.	Iternate name adopted for the purpose of	(transacting business in FI	orida. The alternate name	e must include	"Limited
₂ Delaware	,	3. <u>61-17429</u>	37		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(F51 number, if applicable	b)	*****
l	(Date first transported hyspraeu	n Florida al vivine in meint	ration)		P Caripi Pa
1390 Brickel	(Date first transacted business (See sections 605.0904 & 605.090 II Avenue, Suite 200		iy liability)		
Miami, Floric					*****
······································	(Street Addre	ss of Principal Office)	<u> </u>		
1390 Brickell	Avenue, Suite 200				
Miami, Florid					
	(Mpi	ing Address)			
	capacity and address of the per ena MANAGER	` *	e authority to mana	ige is/are:	
390 Brickell A	venue, Suite 200				_
⁄liami ,Florida	33131	•			- .
eving custody of recor eceptable. If the certifi- ust be submitted?	Signature of a Signature of a U.S., I'.S., the execution of this document come a submitted in a document to the Department Isabel A	e law of which it is a a translation of the conclusion of the conclusion authorized person salunces as affirmation ander the	organized. (A photoertificate under oal	ocopy is no th of the tra	ot enslator
	*				AN P

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.

If unavailab	ele, the alternate to be used	d in the state of Florida is:	
2. The nam	e and the Florida street ad	dress of the registered agent and office a	ите:
	Alvaro Casti	illo B., P.A.	
		(Name)	
		Il Avenue, Suite 200	
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	
	Miami,	FL 33131	
		City/State/Zip	
ability com egistered ag atutes relat	pany at the place designativent and agree to act in thi ing to the proper and com	t and to accept service of process for the ed in this certificate, I hereby accept the as capasity. I further agree to comply with plete performance of my duties, and I am a registered agent as provided for in Chap	appointment as In the provisions of a familiar with and

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

(Signature)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MARINDIA, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARINDIA, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2014.

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

5581653 8300

141117815

AUTHENTY CATION: 1653613

DATE: 08-27-14

You may verify this certificate online