

**M15000002374**

Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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Foreign Limited Liability Company  
**AGROSERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**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.

1. The name of the Limited Liability Company is:

**AGROSERVICES LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**ARAZOZA & FERNANDEZ-FRAGA-P.A.**

(Name)

**2100 SALZEDO STREET, SUITE 300**

Florida Street Address (P. O. Box NOT ACCEPTABLE)

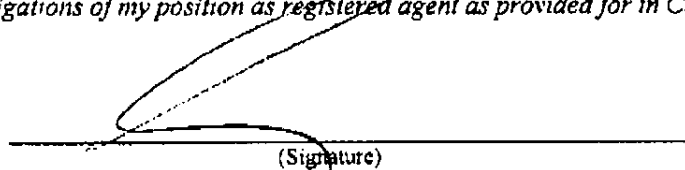
**CORAL GABLES**

**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)

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**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. **AGROSERVICES LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

2. **STATE OF DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-0525806**

(FEI number, if applicable)

4. **DATE OF FILING WITH THE FLORIDA DEPARTMENT OF STATE**

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. **8399 NW 66TH STREET, SUITE #7**

**MIAMI, FL 33166**

(Street Address of Principal Office)

6. **8399 NW 66TH STREET, SUITE #7**

**MIAMI, FL 33166**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**PABLO HERNAN JIMENEZ ROSAS, Manager c/o 8399 NW 66TH STREET, SUITE #7 MIAMI, FL 33166**

**MARIA ROSAS ROSQUETE, Treasurer c/o 8399 NW 66TH STREET, SUITE #7 MIAMI, FL 33166**

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.)

**Pablo Hernan Jimenez Rosas, Manager**

Typed or printed name of signee

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# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGROSERVICES 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-FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGROSERVICES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


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5002810 8300

150250923

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
 Jeffrey W. Bullock, Secretary of State  
 AUTHENTICATION: 2144763

DATE: 02-24-15