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Foreign Limited Liability Company  
ALDALUC LLC

Certificate of Status	1
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Page Count	03
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ALDALUC LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." 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 "LLC.")

2. DELAWARE

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

3. APPLIED FOR

(FBI number, if applicable)

4. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2121 PONCE DE LEON BLVD. SUITE 1050

CORAL GABLES, FL 33134

(Street Address of Principal Office)

6. 2121 PONCE DE LEON BLVD. SUITE 1050

CORAL GABLES, FL 33134

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CONSULTING SERVICES OF SOUTH FLORIDA,

Office Address: 2121 PONCE DE LEON BLVD. SUITE 1050

CORAL GABLES

, Florida 33134

(City)

(Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Arthur Savina  
(Registered agent's signature)

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

OSCAR R. ZAMBRINI, MANAGER

2121 PONCE DE LEON BLVD. SUITE 1050,

CORAL GABLES, FL 33134

9. Attached is a 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. (If the certificate is in a foreign language a translation of the certificate under oath of the translator must be submitted)

(X)

Signature of an authorized person

This document is executed in accordance with section 605.021(1)(b), Florida Statutes. 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.

OSCAR R. ZAMBRINI

Typed or printed name of signer

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALDALUC, 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 EIGHTH DAY OF JULY, A.D. 2015.

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

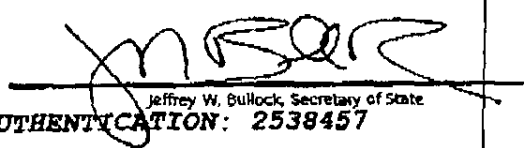
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALDALUC, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2014.

5518398 8300

151026194

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2538457

DATE: 07-08-15

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