

M15000 0100F4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280123126

12/17/15--01015--009 **125.00

FILED
15 DEC 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015

J SHIVERS

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. Full Gauge Controls LLC

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

(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.C.")

2. Texas

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

3. 32-0479237

(FBI number, if applicable)

4.

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

5. 201 South Biscayne Blvd, Suite 1200

Miami, FL 33131

(Street Address of Principal Office)

6. 201 South Biscayne Blvd, Suite 1200

Miami, FL 33131

(Mailing Address)

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

Name: Drummond Consulting LLC

Office Address: 601 Brickell Key Drive, Suite 901

Miami

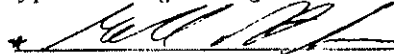
(City)

Florida 33131

(Zip code)

Registered agent's acceptance:

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 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.



(Registered agent's signature)

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

Ivanir Gobbi, Managing Member

Rua Bagé, 613 - Bairro Niterói - Canoas BRA 92120-190

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)

Signature of an authorized person

This document is executed in accordance with section 605.0205 (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.

Ivanir Gobbi

Typed or printed name of signer

RECEIVED
JAN 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Full Gauge Controls LLC (file number 802323591), a Domestic Limited Liability Company (LLC), was filed in this office on November 02, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 20, 2015.



FILED
15 DEC 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carlos H. Cascos

Carlos H. Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>