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S. WARREN AUG 2 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	7760.12 8060509
	AUTHORIZATION	:	Company of the second
	COST LIMIT	: 	\$ 130.00
ORDER DATE :	August 18, 2017		
ORDER TIME :	3:24 PM		
ORDER NO. :	776012-010		
CUSTOMER NO:	8060509		
	FOREIGN F	 ILI)	<u>NGS</u>
NAME:	MATTO ALTIS G		

XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY  XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62956
EXAMINER:

## COVER LETTER

то:	Registration Section Division of Corporati	ions				
SUBJE	Matto Altis Grand	d Central Investments, LLC				
	<u></u>		Limited Liability	Company	· <del>- ·- ·</del>	
The en Exister	closed "Application by F ace, and check are submit	oreign Limited Liability Com tted to register the above refer	pany for Authoriz: enced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," Certificate by company to transact business in Flori	of ida.
Please	return all correspondence	e concerning this matter to the	following:			
	Yanine More	ira				
	<del></del>		lame of Person			
	Mattoni Grou	ıp				
		F	irm/Company			
	1401 Brickel	l Ave, Suite 530				
			Address			
	Miami, FL 3.	3131				
	<del></del>	City/S	State and Zip Code	-		
	ymoreira@mat	•				
		E-mail address: (to be use	d for future annua	report no	tification)	
For fur	ther information concern	ing this matter, please call:				
	Yanine Moreira		305 at (		607 ext 1007	
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRESS Division of Corporatio Registration Section			Division	<u>l' ADDRESS:</u> of Corporations tion Section	
	P.O. Box 6327			Clifton B	Building	
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follo		The late on the	. (*. 11		
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ig ree &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

(If name anavailable emeralternate)	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "I innied Liabil	ity Company," L.L.C " or "LLC")
o Delaware			ar and a second
	high foreign limited liability company is organized)	3. (FEI number	. (f applicable)
	, , , ,		
4			
	(Date hist transacted business in Florida, if prior to re (See sections 605-0904 & 605-0905, F.S. to determine	c benegti gappin) Sisusnou j	
5 1401 Brickell Ave, Su	iite 530	6. 1401 Brickell Ave, Suite 530	)
(Street Address of	Principal Office)	(Mailing Addres	(5)
Miami, Florida 33131		Miami, Florida 33131	
			<u> </u>
7 Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)	
77 7 44170 mile <u>311,000 440070</u>	-	. <u></u>	AUG 1
Name:	Corporation Service Company	<del></del>	% 2 =
Office Address:	1201 Hays Street		
Critice Address.			77
	Tallahassee	, Florida 32301	<u> </u>
11	(City)	(Zip code)	<b>臺兰                                    </b>
Registered agent's accep	nance: egistered agent and to accept service of pi	annon for the about central limited !	lability and from at the stone
to comply with the provis	ions of all statutes relative to the proper of	registered agent and agree to act it ind complete performance of my di	tins capacity. Truther agree ties, and Lam familiar with
to comply with the provis and accept the obligation	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By:	and complete performance of my di	Asst. Vice Presider
to comply with the provis and accept the obligation	ions of all statutes relative to the proper of soff my position as registered agent.  Corporation Service Company	and complete performance of my di	dies, and I am familiar with Melissa Zender
	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By:	und complete performance of my di	dies, and I am familiar with Melissa Zender
8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By:  (Registered agent's signature and address of the person(s) who has Name and Address:	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap	ions of all statutes relative to the proper of soff my position as registered agent.  Corporation Service Company  By:  (Registered agent's signature and address of the person(s) who has	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By:  (Registered agent's signature and address of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By:  (Registered agent's signature and address of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  By:  (Registered agent's signature and address of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap  Title or Capacity:  Manager	ions of all statutes relative to the proper of state of my position as registered agent.  Corporation Service Company  By:  (Required agent's signature of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530  Miami, Florida 33131	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the proper of state of my position as registered agent.  Corporation Service Company  By:  (Required agent's signature of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530  Miami, Florida 33131	ind complete performance of my disputation.  Mayor authority to manage is/are:	Melissa Zender Melissa Zender Asst. Vice Presider
8. The name, title or cap  Title or Capacity:  Manager  (Use attachments if neces)	ions of all statutes relative to the proper of state of my position as registered agent.  Corporation Service Company By:  (Registered agent's signature of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530  Miami, Florida 33131  state of existence, no more than 90 days old, do of which it is organized. (If the certificate	Title or Capacity:	Melissa Zender Melissa Zender Asst. Vice Presider  Name and Address:
8. The name, title or cap  Title or Capacity:  Manager  (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	ions of all statutes relative to the proper of state of my position as registered agent.  Corporation Service Company By:  (Registered agent's signature of the person(s) who has Name and Address:  The Caporal Group LLC  1401 Brickell Ave. Suite 530  Miami, Florida 33131  state of existence, no more than 90 days old, do of which it is organized. (If the certificate	whave authority to manage is/are:  Title or Capacity:  ully authenticated by the official have is in a foreign language, a translation (1)4h). Florida Statutes, I am aware	Melissa Zender Melissa Zender Asst. Vice Presider  Name and Address:  ing custody of records in the en of the certificate under oath
8. The name, title or cap  Title or Capacity:  Manager  (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	ions of all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company By:  (Registered agent's signatured agent's signatur	whave authority to manage is/are:  Title or Capacity:  ully authenticated by the official have is in a foreign language, a translation (1)4h). Florida Statutes, I am aware	Melissa Zender Melissa Zender Asst. Vice Presider  Name and Address:  ing custody of records in the en of the certificate under oath

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MATTO ALTIS GRAND CENTRAL INVESTMENTS,

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 EIGHTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MATTO ALTIS

GRAND CENTRAL INVESTMENTS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF

AUGUST, A.D. 2017.

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

Authentication: 203085072

Date: 08-18-17

6515432 8300 SR# 20175796538