

116000006274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

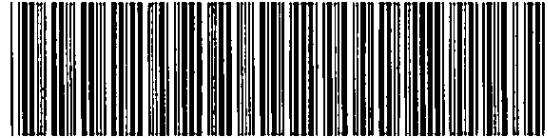
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 JUN -3 P 12:32

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7/9/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2018

SANDRA R CALDERARO
6301 NW 5TH WAY SUITE 2000
FORT LAUDERDALE, FL 33309 US

SUBJECT: RAW FLORIDA, LLC
Ref. Number: W18000047168

We have received your document for RAW FLORIDA, 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 failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 218A00010266

2018 JUL -3 PM 12:05
01107

RECEIVED
2018 JUL -3 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION/QUALIFICATION SECTION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAW FLORIDA, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandra R. Calderaro

Name of Person

Calderaro Tyrrell Law Group

Firm/Company

6301 NW 5th Way, Suite 2000

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

cbustamante@visamiami.com

E-mail address: (to be used for future annual report notification)

2011 JUL -3 P.10:32

FILED

For further information concerning this matter, please call:

Claudia Bustamante

954

376-6161

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

Handwritten mark

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

RAW FLORIDA, 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.C.")

2. CALIFORNIA 3. 30-1013159
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

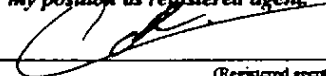
4. _____
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 9500 SE 164 CT 6. 11884 MARIPOSA BAY LANE
(Street Address of Principal Office) (Mailing Address)
MIAMI, FL 33196 US PORTER RANCH, CA 91326 US

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

Name: Sandra R Calderaro
 Office Address: 301 NW 5th Way, Suite 2000
Fort Lauderdale, Florida 33309
(City) (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)

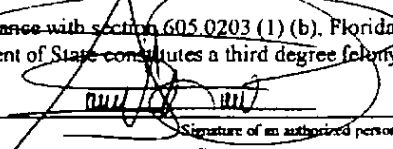
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>AMBR</u>	<u>Jairo Andres Gonzalez Cumba</u> <u>Luis Pasteur E10-62 y Paris</u> <u>Quito, Ecuador</u>	<u>AMBR</u>	<u>Santiago Gonzalez Cumba</u> <u>Granados E16 y Paris</u> <u>Quito, Ecuador</u>
<u>MGR</u>	<u>Carlos Andres Rivas</u> <u>Jose Perilla 061-162</u> <u>Quito, Ecuador</u>	_____	_____

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0203 (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.


Signature of an authorized person

Carlos Andres Rivas - MGR
Typed or printed name of signer

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: RAW, LLC

FILE NUMBER:	201722310406
FORMATION DATE:	08/07/2017
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 25, 2018.

A handwritten signature in black ink, appearing to read 'Alex Padilla'.

ALEX PADILLA
Secretary of State