

M18000006556

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(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2018

GABRIEL ACQUARONE
50 WEST MASHTA DR
STE 3
KEY BISCAYNE, FL 33149

SUBJECT: SHAMAN DEVELOPMENT STUDIO LLC
Ref. Number: W18000059811

We have received your document for SHAMAN DEVELOPMENT STUDIO 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):

The registered agent must sign accepting the designation.

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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 918A00013425



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DEPARTMENT OF
DIVISION OF CORPORATIONS
REGISTRATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHAMAN DEVELOPMENT STUDIO 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:

GABRIEL ACQUARONE

Name of Person

GAA KEY CONSULTING, LLC

Firm/Company

50 WEST MASHTA DRIVE, SUITE 3

Address

KEY BISCAVNE, FL 33149

City/State and Zip Code

GACQUARONE@MSN.COM

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

For further information concerning this matter, please call:

Gabriel Acquarone

305

775-4073

at ()

Name of Contact Person

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

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. Shaman Development Studio 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 3. 35-2618384
(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. 7950 NW 53rd. Street, Suite 337 6. 50 West Mashta Dr., Suite 3
(Street Address of Principal Office) (Mailing Address)
Miami, FL 33166 Key Biscayne, FL 33149
U.S.A. U.S.A.

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

Name: GAA Key Consulting, LLC

Office Address: 50 West Mashta Dr., Suite 3
Key Biscayne, Florida 33149
(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>MANAGER</u>	<u>German Clark Barceló</u> <u>18 De Julio 2030, apt 306</u> <u>Montevideo, Uruguay</u>	_____	_____
<u>MANAGER</u>	<u>Christian Clark Barceló</u> <u>18 De Julio 2030, apt 306</u> <u>Montevideo, Uruguay</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)

German Clark Barceló

(Typed or printed name of signer)

Delaware

The First State

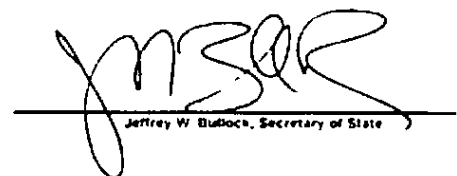
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHAMAN DEVELOPMENT STUDIO 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 NINTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHAMAN DEVELOPMENT STUDIO LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2018.

2018 JUL -9 PM 3:17
SECRETARY'S OFFICE
DELAWARE




Jeffrey W. Bullock, Secretary of State

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SR# 20184538399

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202852237

Date: 06-09-18