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. COVER LETTER

UBJECT:	M PR, LLC						
	Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori					
ease return al	I correspondence concerning this matter t	to the following:					
	Francisco G. Arteaga	~ ~					
		Name of Person					
	CPM PR, LLC	Name of Person					
		Firm/Company					
	PO Box 9024051	Address Address					
		Address DE 2					
	San Juan, Puerto Rico 00902-4051						
	(City/State and Zip Code					
	info@cpmintl.com						
	E-mail address: (to be	e used for future annual report notification)					
r further info	rmation concerning this matter, please ca	ill:					
Francisco G. Arteaga		305 851-2001 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	ng Address: stration Section	Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	sed is a check for the following amount: make check payable to: FLORIDA DEF	PARTMENT OF STATE					
	25.00 Filing Fee S130.00 Filing Fe	ee & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate					

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

IN COMPILANCE 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. CPM PR, LLC				A 111	
CPM PR, LLC	Limited Liability Company; must include "Limite	ed Liability	y Company, T.H.C., or "LD	1020 HA	
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in F	londa The	alternate name must include "Limit	ted Liability Company, L.	L.C," or"LLC.")
Puerto Rico 2.		3.	66-0532683	(117)	! [T]
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-	(FEI	number, if applicable) 📜	
Upon qualification 4.				STATE LORID	2
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	n.) hability)	——▶	
Corp. Office Park, CPi		6.	PO Box 9024051 (Mailing Address)		
(Street Address of Principal Office)			(Mailing Address)		
44 Road 20 KM 2.6			San Juan, Puerto Rico 0	0902	
Guaynabo, Puerto Rico	00966				
7. Name and street addres	ss of Florida registered agent: (P.O. Bo)	NOT a	acceptable)		
Name:	Francisco G. Arteaga				
Office Address:	16348 Corvino Court				
	Delray Beach		33446 , Florida		
(City)			(Zip co	de)	
Registered agent's accep	tance:				

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.

James O	
(Registered agent's signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Francisco G. Arteaga, PE	■Manager	Name: Hector Javier Rivera, PE
■Member	Address: 16348 Corvino Court	□Member	Address: Corp. Office Park, CPM Plz,
□Authorized	Delray Beach, FL	□Authorized	Suite 200, 44 Road 20 KM 2.6
Person		Person	Guaynabo, Puerto R 00966
□Other		□Other	HOther Ti
□Manager	Yamil D. Cirino, PE	□Manager	José Raul Torres PE
■ Member	Address: Corp. Office Park, CPM Plz	■Member	Address: Corp. Office Park. CPM Plz,
□Authorized	Suite 200, 44 Road 20 KM 2.6	□Authorized	Suite 200, 44 Road 20 KM 2.6
Person	Guaynabo, Puerto Rico 00966	Person	Guaynabo, Puerto Rico 00966
Other	Other	Other	□Other
■Manager	Name: Otto Bayona	□Manager	Name:
□Member	Address: Corp. Office Park, CPM Plz,	□Member	Address:
□Authorized	Suite 200, 44 Road 20 KM 2.6	□Authorized	
Person	Guaynabo, Puerto Rico 00966	Person	
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 outh 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

Francisco G. Arteaga, PE

Typed or printed name of signee



Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, Elmer L. Roman, Secretary of State of the Government of Puer Rico,

number 140, is a domestic for profit limited liability company organized on June 21, 1996.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, May 1, 2020.

Elmer L. Roman Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 01-May-2021.