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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.
Account Number : I20000000051
Phone : (305)530-9400
Fax Number : (305)530-9409

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: notice@lnilawfirm.com

**Foreign Limited Liability Company
PIPE EXCHANGE, LLC**

Certificate of Status	1
Certified Copy	1
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DIVISION OF CORPORATIONS

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Pipe Exchange, 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. State of Texas

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

3. 81-2445106

(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. 20803 Biscayne Blvd., Suite 502

Miami, FL 33180

(Street Address of Principal Office)

6. 20803 Biscayne Blvd., Suite 502

Miami, FL 33180

(Mailing Address)

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

Name:

Lamont Neiman & Interian, P.A.

Office Address:

100 N. Biscayne Blvd., Suite 801

Miami

(City)

Florida 33132

(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:

Jorge Woldenberg - Manager

Idel Woldenberg - Manager

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 605.0203 (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.

Edgardo Vargas

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

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Carlos H. Cascos
Secretary of State

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 Pipe Exchange, LLC (file number 802445714), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2016.

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 October 12, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State