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Florida Department of State
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Foreign Limited Liability Company
BIRDIE SSOT LLC

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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. BIRDIE SSOT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE 3. 38-4085102
(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 peaky liability)

5. 3500 S DUPONT HWY
(Street Address of Principal Office)

6. 3500 S DUPONT HWY
(Mailing Address)

DOVER, DE 19901 DOVER, DE 19901
(Zip code) (Zip code)

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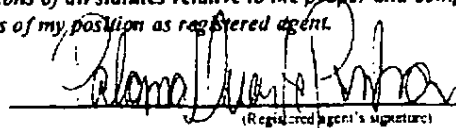
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CSI RA LLC

Office Address: 15805 BISCAYNE BLVD, 201
AVENTURA, Florida 33160
(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)

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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]:


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: OSORIO DE MORAES GARCIA, PATRICIA	<input checked="" type="checkbox"/> Manager	Name: PANTIGAS DA SILVA, RODRIGO
<input type="checkbox"/> Member	Address: 3500 S DUPONT HWY	<input type="checkbox"/> Member	Address: 3500 S DUPONT HWY
<input type="checkbox"/> Authorized Person	DOVER, DE 19901	<input type="checkbox"/> Authorized Person	DOVER, DE 19901
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: ABDO HADADE, ALEXANDRE	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3500 S DUPONT HWY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	DOVER, DE 19901	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: ALVARES CHERMAN, EVERTON	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3500 S DUPONT HWY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	DOVER, DE 19901	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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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 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
 ALEXANDRE ABDO HADADE

 Typed or printed name of signer
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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIRDIE SSOT 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 TWENTY-EIGHTH DAY OF FEBRUARY, A. D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIRDIE SSOT LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A. D. 2018.

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

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ALLAHAMSE, FLORIDA

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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