I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDUARDO BICERNE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000031082

Entity Name: PATAGONIA DISTRIBUTION, LLC

## **Current Principal Place of Business:**

1302 NW 78TH AVE DORAL, FL 33126

# **Current Mailing Address:**

1302 NW 78TH AVE DORAL, FL 33126 US

# FEI Number: 45-4819317

### . Name and Address of Curre

ATRIUM REGISTER AGENT INC 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146 US

The above named entity submits this sta

SIGNATURE	JOSE NUNEZ			01/19/2016	
	Electronic Signature of Registered Agent		Date		
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	BICERNE, EDUARDO	Name	DOCAMPO, MARIA RAQUEL		
Address	1302 NW 78TH AVE	Address	1302 NW 78TH AVE		
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126		

rent Registered Agent:
atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

01/19/2016 Date

FILED Jan 19, 2016 Secretary of State CC6468557960

Certificate of Status Desired: No

MANAGER