| FEI Number: 4 | Certificate of Stat | | |
|--|--|--|--|
| Name and Add | Iress of Current Registered Agent: | | |
| PORTILLO, JAVIE 8379 NW 68 ST MIAMI, FL 33166 | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the | | | |
| SIGNATURE: | JAVIER PORTILLO | | |
| | Electronic Signature of Registered Agent | | |
| Authorized Person(s) Detail : | | | |

DOCUMENT# L15000181511

Entity Name: PORTAL BABY SUPPLY LLC

Current Principal Place of Business:

8379 NW 68 ST MIAMI, FL 33166

Current Mailing Address:

8379 NW 68 ST MIAMI, FL 33166 US

FEI

Nan

The a State of Florida.

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|-------------------------|-----------------|-------------------------------------|
| Name | ALVARADO, MARIA EUGENIA | Name | PORTILLO, JAVIER G |
| Address | 8379 NW 68 ST | Address | 8379 NW 68 ST |
| City-State-Zip: | MIAMI FL 33166 | City-State-Zip: | MIAMI FL 33166 |
| Title | | Title | OFFICER PORTILLO, MARIA GABRIELA |
| Name | MIAMI EL 33166 | Name | GABRIELA |
| Address | | Address | 8379 NW 68 ST |
| City-State-Zip: | | City-State-Zip: | MIAMI FL 33166 |
| | | | |

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: JAVIER PORTILLO

DIRECTOR

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 20, 2021 **Secretary of State** 3554115555CC

04/20/2021 Date

tus Desired: No