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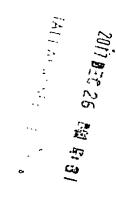
(Re	questor's Name)					
(Ad	dress)					
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Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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## **COVER LETTER**

TO:	Registration Section				
	Division of Corporation				
OUD		PUERTO RICO INC.			
SUBJ	JECT:	Name of corpora	tion - mu	st include suffix	
Dear 9	Sir or Madam:				
"Certi	nclosed "Application by ficate of Existence," or referenced foreign corp	"Certificate of Good!	Standing	and check are subr	t Business in Florida," nitted to register the
	e return all corresponder ONIO REGOJO	ace concerning this ma	atter to th	e following:	
		Name	of Perso	n	
AVEN	SIDA LEGAL, LLC				
		Firm/0	Company	··	
12550	BISCAYNE BLVD STE	110	•		
		A	ddress	<del></del>	
MIAN	4L, FL 33181				
		City/Sta	te and Z	p code	
INFO	@AVENIDALEGAL.CO!	М			
	E-	nail address: (to be u	sed for fu	ture annual report n	otification)
For fi	urther information conce	rning this matter, ple	ase call:		
ANTO	ONIO REGOJO	305	8	14-8299	
	N. C.D.	at (	)	Daytime Telepl	nana Number
	Name of Person	Area	C.oge	Daytime refepi	ione Number
STREET/COURIER ADDRESS:			MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations		ions	Division of Corporations		
Clifton Building		(7)13	P.O. Box 6327		•
	2661 Executive Cent	er Circle	Tallahassee, FL 32314		
	Tallahassee, FL 323	01			
Enclo	osed is a check for the fo	ollowing amount:			
□ \$	70.00 Filing Fee	\$78,75 Filing Fee & Certificate of Status		8.75 Filing Fee & entified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ALL EFFECTS PUERTO RICO INC. (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 66-0839692 PUERTO RICO

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 2. 5. (Date of duration, if other than perpetual) (Date of duration, if ot O) (Date first transacted business in Florida, if prior to registration) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8800 NW 36 STREET APT 4224, DORAL, FL 33178 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ANTONIO REGOJO Name: 12550 BISCAYNE BLVD STE 110 Office Address: 33181 MIAMI (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

	T <b>ORS</b> BRAHAM QUINONES	
	0 NW 36 STREET APT 4224, DORAL, 11 33178	-
Address:		-
		-
Vice Chairma	n:	-
Address:		_
		_
Director:		_
Address:		_
		_
Discotors		
		_
Address:		_
		_
B. OFFIC	E <b>RS</b> BRAHAM QUINONES	
President:	00 NW 36 STREET APT 4224, DORAL, FL 33178	_
		_
	C C	_
Vice Preside	nt:	_
Address:		
_	69	
-		
		_
NOTE: If	necessary, you may attach an adderidum/o the application listing additional officers and/or directors.	
12	Signature of Director or Officer	
The officer are true and a third degr ABRA	or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein I that he or she is aware that false information submitted in a document to the Department of State constitutes ee felony as provided for in s.817.155, F.S. HAM QUINONES, PRESIDENT	š
	(Typed or printed name and capacity of person signing application)	



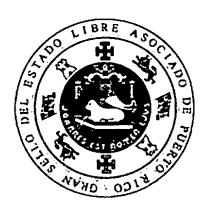
Government of Puerto Rico

## **CERTIFICATE OF EXISTENCE**

I, LUIS G. RIVERA MARÍN, Secretary of State of the Government of Puerto Rico.

CERTIFY: That, ALL EFFECTS PUERTO RICO INC., registry number 349419, is a domestic for profit corporation, organized on March 20, 2015, in accordance to the General Corporations Law, as amended.

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, December 20, 2017.

LUIS G. RIVERA MARÍN 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 20-Dec-2018.

Certificate Validation Number: 230693-22758151