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6/23/2015 12:07:10 PM From: To: 8506176384(2/2)

15 JUN 22 PM 3:06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L05000015938

1. Limited Liability Company's Name: LA MARY, LLC

2. Principal Office Address - No P.O. Box #: PRIME TOWER, 9TH FLOOR HARDSTRASSE 201
Suite, Apt. #, etc.:
City & State: ZURICH
Zip: CH-8005 Country: SWITZERLAND

3. Mailing Office Address: PRIME TOWER P.O. BOX 20
Suite, Apt. #, etc.:
City & State: ZURICH
Zip: CH-8010 Country: SWITZERLAND

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: FEBRUARY 16, 2005

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: NRAI SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Nicole Chauinard Date: 6.19.15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	CITITRUST (SWITZERLAND) LIMITED	Cititrust (Switzerland) Limited ~~Prime Tower~~ P.O. Box 20 CH-8010 Zurich Switzerland	

11. E-mail Address: clare.edwards@citi.com ; luis.felipe.peralta@citi.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: FOR AND ON BEHALF OF: LA MARY, LLC [signatures] Date: 06-17-2015 Daytime Phone #: +41-58-750 7937

Typed or printed name of signing Authorized Representative/Manager: Authorized Signer Clare Edwards Authorized Signer Luis F. Peralta

RA 6/23/15

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LA MARY, LLC

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