(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200304094352

200304094352 19/03/17--01001--007 **150.00

OCT 0 3 2017

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 10-2-17

		WALK IN
NTITY NAME	Chico's 3 LLC	
OCUMENT N	UMBER (Lauren - CC)	
	PLEASE FILE THE ATTACHED AND RETURN	
X	Plain Copy	
	Certified Copy	
-	Certificate of Status	
		
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
· · · · · · · · · · · · · · · · · · ·	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
	COUNTRY OF DESTINATIONNUMBER OF CERTIFICATES REQUESTED	
TOTAL \$ OWED		

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF DOMESTICATION

In a	ecordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:
1.	The date on which the entity was first formed was: 5/2/2011
2.	The name of the entity immediately prior to the filing of the Articles of Domestication was:
	Pinelo Services Corp.
3.	Attached are Florida Articles of Organization to complete the donuestication requirements pursuant to s. 605.0201.
4.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: British Virgin Islands
5.	The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.
	I am authorized to sign these Articles of Domestication on behalf of the entity. Authorized Signature
	Authorized Signature
6.	Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605,1055 (3). Florida Statutes.

CR2E143 (3/17)

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(A) Yours State of Tables

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	,			
Chicos 3 LLC				
(Must co.	otain the words "Limited I.	iability Company, "L.L.C.," or "Ll.C.")		
ARTICLE II - Address The mailing address and		principal office of the Limited Liability Company is:		
Principal Office Address:		Mailing Address:		
20 Island Avenue, #90)9	20 Island Avenue, #909		
Miami Beach, FL 33139		Miami Beach, FL 33139		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporate Maintenance Services, LLC Name 1000 Brickell Ave., Ste. 400 Florida street address (P.O. Box NOT acceptable) Miami PL 33131 City Zip		17 007 - 2 - 88 10* 05 \$25 (45) - 50 of 1 0 2 10 A		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	Carlos Montero	
	20 Island Avenue, #909	
	Miami Beach, FL 33139	 -
 -		<u> </u>
		<u></u> 전: 그
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(Use attachment if necessary)		
TICLE V: Effective date, if other than the in effective date is listed, the date must be a after the date of filing.)	o date of filing: (OPT c specific and cannot be more than five business da	TONAL) 1ys prior to or 90 calendar
TICLE VI: Other provisions, if any.		
		
		•
	1 pll 2	
OUIRED SIGNATURE:SI	gnuture of a member of as authorized representative	·
	iutes, the execution of this document constitutes an affirmation	under the penalties of neriusy
at the facts stated herein are true. I am aware that a	ny false information submitted in a document to the Departme to felony as provided for in a.817.155, F.S.)	nt of State constitutes a third