_ Geor	ge Díaz Sabal Trail on, FL 33327 e/Zip Phone#	<u></u>	
1480	Sabal 179327		•
- West	e/Zip Phone #		-
	-		Office Use Only
CORPORATION	N NAME(S) & DOCUM	ENT NUMBER(S), (ii	known):
1			
(Co)	rporation Name)	(Document #)	
2(Cor	rporation Name)	(Document #)	
3.	poration realite)	(Document #)	-06/27/010101 61
3(Cor	poration Name)	(Document #)	-U5/27/U1U1U 51 <u> </u> ****160.80 ****160
4			
(Cor	moration Mana		
	poration Name)	(Document #)	
□ Walk in	Pick up time	Cert	ified Copy ificate of Status
☐ Walk in [Pick up time	Cert	
☐ Walk in [Pick up time Will wait	Cert	
Walk in Mail out NEW FILINGS	Pick up time Will wait Ph	Cert	
Walk in Mail out NEW FILINGS Profit	Pick up time Will wait Ph AMENDMENTS Amendment	Cert otocopy Cert	
Walk in Mail out NEW FILINGS Profit NonProfit	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., C	Cert otocopy Cert Officer/ Director Agent	
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., C Change of Registered	Cert otocopy Cert Officer/ Director Agent	
Walk in Mail out NEW-FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	Cert otocopy Cert Officer/ Director Agent	ificate of Status SECT
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., O Change of Registered Dissolution/Withdraw Merger	Cert otocopy Cert officer/ Director Agent	of Status SECRET TALLAHA
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger REGISTRATI QUARTIFICATE	Cert otocopy Cert officer/ Director Agent	FILE Of Status SECRETARY O TALLAHASSEE
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FITTINGS Annual Report Fictitious Name	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., O Change of Registered Dissolution/Withdraw Merger	Cert otocopy Cert officer/ Director Agent	FILE Of Status SECRETARY O TALLAHASSEE
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FITTINGS Annual Report Fictitious Name	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., O Change of Registered Dissolution/Withdraw Merger REGISTRATI QUALIFICAT Foreign	Cert otocopy Cert officer/ Director Agent	of Status SECRET TALLAHA
Walk in Mail out NEW-FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Ph AMENDMENTS Amendment Resignation of R.A., O Change of Registered Dissolution/Withdraw Merger REGISTRATI QUALIFICAT Foreign Limited Partnership	Cert otocopy Cert officer/ Director Agent	FILE Of Status SECRETARY O TALLAHASSEE

CR2E031(1/95)

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RELIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GISTER A FOREIGN
Traditional 116 A 116	
1. Indupollo USA, LLC. (Name of foreign limited liability company)	
COMMO - 2 056 7/92	
2. (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	
company is organized)	
4. June 9,2000 5. Perpetual (Duration: Year limited liability company)	
(Date of Organization) (Duration: Year limited liability company exist or "perpetual")	will cease to
6. Upon Qual, Figure 4 ion (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
	,
7. 1480 SABAL Trail	
Weston, florida, 33327	
(Street address of principal office)	
8. If limited liability company is a manager-managed company, check here	
o. a minor habitity company to a manager-managed company, eneck here	
9. The name and usual business addresses of the managing members or managers are as follows:	ows:
George Diaz 1480 SABAL Trail	
11190 CARAL Trail	
1480 STOIL TIME	
Weston, Florida 33327	<u> </u>
ASSE	ARY S
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having	
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign	
translation of the certificate under oath of the translator must be submitted.)	- -
11. Nature of business or purposes to be conducted or promoted in Florida: <u>any lawf</u>	ul
business allowed in the State of Florida	•
Dustress arrowed in the space of Thomas	
X conq	···· = ·-
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	
an affirmation under the penalties of perjury that the facts stated herein are true.)	
<u>George Diaz</u>	. * = ± =
Typed or printed name of signee	-

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2.	The name and the Florida street address of the registered agent and office are:			
	George Diaz			
	(Name)	· - · ·	••	
	1480 SABAL Trail	SEC	2	
	Florida street address (P.O. Box NOT ACCEPTABLE)	£ □		П
	Weston, Elopida 33327	ARY OF	-6	
	City/State/Zip	FEST	=	<u> </u>
		=		

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 608, F.S..

(Signature)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 011660937 CONTROL NUMBER : 0026723 DATE INC/AUTH/FILED: 06/09/2000 JURISDICTION : GEORGIA

FORM NUMBER : 211

PRINT DATE

VISA SPECIALISTS LORRAINE REMY POB 450834 SUNRISE, FL 33345

200004447842-

: 06/15/2001

CERTIFICATE OF EXISTENCE

-06/27/01--01061--001 ****160.00 ****160.00

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

INDUPOLLO USA, LLC. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in____ compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence the abovenamed entity as of the date issued. It does not certify hether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up and other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State