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Certified Copies	Certificates	s of Status

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Prodigo Leguerica (Name of Person)		
Spanish Doc LLC (Firm/Company)		
8320 SW 45th St (Address)		
Miami FL 33155 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Rodrigo Leguerica at (786) 239 1329 (Name of Person) (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		

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 REGIST LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ER A FOR	REIGN
1 Sprinish Doc UC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	2.")	
	<u></u>	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cop consent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "L.L.C.," "LLC.")	y of the w ed Liability	ritten y
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. 203 28 90 5 (FEI number, if applicable)	<u> </u>	
company is organized)		
4. Oate of Organization) 5. Ouration: Year limited liability company will dexist or "perpetual"	ease to	
6. Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 8320 SW 45+W St		
Miami & 33155		
(Street Address of Principal Office)		
8. If limited liability company is a manager-managed company, check here		
9. The name and usual business addresses of the managing members or managers are as follows:		
Rockies I post Refer a		
1 John 190 Legoe 100		
8320 SW 45th ST		
Miami FL 33155		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custome jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.)		rds in
11. Nature of business or purposes to be conducted or promoted in Florida: Any and	911	
cowful busines ///	·	
- William Ass	201	
Signature of a member or an authorized representative of a member.	2008 HAR	magang.
(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.)		
modrian the Lequerica	2	
Typed or printed name of signce	A	

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.

1. The name of the Limited Liability Company is:

(Signature)

Spanish Ooc LLC
If name unavailable, the alternate name to be used in the state of Florida is:
Carvas and Boats
2. The name and the Florida street address of the registered agent and office are:
Rodrigo Lequerica
(Name)
8320 Sw 45th St
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Miami FL 33155
City/State/Zip
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, Florida Statutes.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPANISH DOC LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPANISH DOC LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2005.

4069010 8300

080283873

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6437658

DATE: 03-10-08