FILED

2018 FEB 26 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700309758517

CR2E041 (1/14)

DOCUMENT # M12000000626

1. Limited Liability Company's Name

LA VERITA 1400 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
PRIME TOWER, 9TH FLOOR HARDSTRASSE #201	PRIME TOWER P.O. BOX 20
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZURICH	City & State: ZURICH
Zip: CH-8005 Country: SWITZERLAND	Zip: CH-8010 Country: SWITZERLAND

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: FEBRUARY 2, 2012

6. FEI Number: 42-1775662 ☐ 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: CT CORPORATION SYSTEM

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 _____ Date _____

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	
			FEB 26 2018
			R. HUNT

REINSTATEMENT

11. E-mail Address: gws.ch.asu@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 605.0012, 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 any 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 VERITA 1400 LLC Date 02-26-2018 Daytime Phone # +41-58-750 7752

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/26/18

Acc#I20160000072

Name:	La Verita 1400 LLC
Document #:	
Order #:	10855404

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: (circled)

Certified: (circled)

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 685.00

18 FEB 26 AM 2:28

Thank you! (circled)

FEB 26 2018

R. HUNT