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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED

12 JUL 30 AM 9: 59 SECRETARY OF STATE ALLAMASSEE FLORINA

C. LEWIS

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EXAMINER

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CORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if known):
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2. (Corporation Name)	(Document	#)
3. (Corporation Name)	(Document	#1
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4		
(Corporation Name)	(Document	#) •
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Mail out Will wai	t Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENT</u>	<u>'S</u>
Profit	Amendment	
Not for Profit		of R.A., Officer/Director
Limited Liability Domestication	Dissolution/	legistered Agent Withdrawal
Other	☐ Merger	
OTHER FILINGS	REGISTRATIO	ON/QUALIFICATION
Annual Report	☐ Foreign	
Fictitious Name	Limited Par	tnership
	Reinstateme	
	Trademark Other	
		Examiner's Initials

CR2E031(7/97)

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability upany," "L.L.C," "LLC.")
2	Delaware 3
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
4.	July 25, 2012 5, Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	3500 South DuPont Highway, Dover, DE 19901
	(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:
	Ricardo Uribe Arango
	775 Allendale Road, Key Biscayne, FL 33149
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the	turisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
tran	station of the certificate under outh of the translator must be submitted.)
11,	Nature of business or purposes to be conducted or promoted in Florida: Management company
	·
-	Dean C. Bell
-	Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Dean Berry - Authorized Person

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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 Cor	npany is:	
Abet Management LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street address	ss of the registered agent and office	are:
NRAI Services, Inc.		17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65 17.65
And the state of t	(Name)	L30
515 East Park Aven	ue	SEF OF THE
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	- F. S. T
Tallahassee	_{FL} 32301	BAT 9
	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. Thereby 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.

By: Fred Larison (Signature) Assistant Secretary

S 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABET MANAGEMENT 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 TWENTY-SIXTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABET MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5189090 8300

120877899

AUTHENTICATION: 9738723

DATE: 07-26-12

You may verify this certificate online at corp.delaware.gov/authver.shtml