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SECRETARY OF STATE
ALLAMASEFE. FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

LIECT: TUTA MANAGEMENT, LLC.

Name of Limited Liability Company

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:

Myriam Da Costa Ribenboim
Name of Person
Tuta Management, LLC
Firm/Company
6320 San Vicente Street
Address
Coral Gables, FL 33146
City/State and Zip Code
myriam6320@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Da Costa Ribenboim 305 815-6775

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee &

1 \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Tuta Management, LLC	
(Name of Foreign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.," or "LLC.")
	purpose of transacting business in Florida and attach a copy of the written he alternate name. The alternate name must include "Limited Liability
Delaware	3. 46-1494586 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liab company is organized)	ility (FEI number, if applicable)
11/29/12	_{5.} Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business (See sections 608.501 & 608.50	s in Florida, if prior to registration.) 02 F.S. to determine penalty liability)
6220 San Vicenta Street	• • •
0320 Sall vicelle Street	
Coral Gables, FL 33146	
(Street Ac	ddress of Principal Office)
If limited liability company is a manager-man The name and usual business addresses of the	e managing members or managers are as follows:
Myriam Da Costa Ribenboim, 63	320 San Vicente Street, CG, FL 33146
	han 90 days old, duly authenticated by the official having custody of record hotocopy is not acceptable. If the certificate is in a foreign language, a
installation of the certificate under oath of the translator must	
. Nature of business or purposes to be conduc	Dool Estato
Investments	
1/ a 60st	/see 39 7 M
Signature of a member or	an authorized representative of a member 🚍 🙃
penalties of perjury that the facts stated hereir	he execution of this document constitutes an affirmation that any false information submitted in a stitutes a third degree felony as provided for in s.817.155, F.S.)
•	a Costa Ribenboim
	rinted 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.

	e of the Limited Liability Company is: anagement, LLC.	
If unavailable,	e, the alternate to be used in the state of Florida is:	
2. The name a	e and the Florida street address of the registered agent and office are:	
	Myriam Da Costa Ribenboim	
	(Name)	
6320 San Vicente Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Coral Gables _{FL} 33146	
	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.

Hel Cost See

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TUTA 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 THIRTIETH DAY OF NOVEMBER, A.D. 2012.

5249533 8300

121281136

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 0024888

DATE: 11-30-12

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