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NAME:

MUCHACHAMACA LLC

TYPE OF FILING: APPLICATION

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125.00

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AUTHORIZATION:

COVER LETTER

SUBJECT: Muchachamaca	ne of Limited Liability Compa	py	
The enclosed "Application by Foreign Limited Lin Existence, and check are submitted to register the			
Please return all correspondence concerning this n	atter to the following:		
Adam Saldana	c/o		
	Name of Person		
Registered Age	ent Solutions	, Inc.	
Firm/Compsny			2014
1701 Directors	Blvd. Suite 3	300 AHAT	OH NA OE NAL PIO
	Address	S Zi	8
Austin, TX 78744			×
	City/State and Zip Code	27 7.	ධ ප
orders@rasi.co	m	S.W.	*
E-mail addres	(to be used for future annual	report natification)	
For further information concerning this matter, ple	ase call:		
Adam Saldana	_{at} 888	705-7274	
Name of Contact Person	Area Coc	de Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center (Tallahassee, FL 32301		
Enclosed is a check for the following amo	ng Fee & 🔲 \$155.00 Fi		

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

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. Muchachamaca LLC (Name of Foreign Limited Liability Company; inust include "Limited Liability Company," "L.L.C.," or "L.L.C.," If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 11798 Forest Park Circle, Bradenton, FL 34211 (Street Address of Principal Office) 6 11798 Forest Park Circle, Bradenton, FL 34211 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Oscar Antonius ter Hofstede - Member 11798 Forest Park Circle Bradenton, FL 34211

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605 020%, F.S.; the execution of this document constitutes an efficient under the penalties of perjury that the facts attend herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817,155, F.S.)

Oscar Antonius ter Hofstede

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Liabilit Muchachamaca LLC	* * *	
If unavailable, the alternate to be us	ed in the state of Florida is:	
2. The name and the Florida street	address of the registered agent and office are:	2014 JAN 30 PLCKE TAR
Registered Agent Solutions, Inc.		<u> </u>
(Name) 155 Office Plazza Dr. Suite A		AM 15 38 OF STATE E.FLORID
Florida :	Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	
***************************************	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 605. Florida Statutes.

facly Wright, Asst. Secretary
(Signature)

\$ 100.00
\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)

Delaware

PAGE I

The First State

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

DELAWARE, DO HEREBY CERTIFY "MUCHACHAMACA 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-SEVENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MUCHACHAMACA"

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2013.

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

5404653 8300

140097127

AUTHENT CATION: 1089322

DATE: 01-27-14

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