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WILLIAM SHEET TO THE STATE OF T

#### COVER LETTER ,

TO:

Registration Section **Division of Corporations** 

CUD IF CT.	Gesaworld	USA,	LLC
SHR BYT			

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 mat	ter to the following:
Alex Ortiz, CPA	
	Name of Person
Suarez, Ortiz &	Vega, CPA's, PL
	Firm/Company
354 Sevilla Ave	
	Address
Coral Gables, F	L 33134
	City/State and Zip Code
alex@sovcpas.c	
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter, please	e call:
Alex Ortiz, CPA	at (305 ) 448-5255
Name of Contact 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 Certificate of	Fee & \$\Bigsim \$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate

### 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:

Gesaworld USA, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern liability Company," "L.L.C," or "LLC.")	ate name must include "I	imited
Delaware 3, 45-3322565		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if a	pplicable)	<del></del>
06/02/2014		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
2655 Le Jeune Road, Ste 810		
Coral Gables, FL 33134		<del></del>
(Street Address of Principal Office) 5. 2655 Le Jeune Road, Ste 810		
Coral Gables, FL 33134		_
(Mailing Address)	٠ <u>٠</u>	
7. The name, title or capacity and address of the person(s) who has/have authority t	o manage is/are:	· <u>.</u>
Roser Vicente, Chairwoman		e de la Proposition de la Prop
C/ Comte d'Urgell 204, 5B	7	—. Viet 1
Barcelona CP 08036	52. <u>1</u>	* ***
	Þ	<del></del>
3. Attached is an original certificate of existence, no more than 90 days old, duly authorized of records in the jurisdiction under the law of which it is organized. In a comparison of the certificate is in a foreign language, a translation of the certificate unust be submitted)	(A photocopy is no	t
X		
Signature of an authorized person  In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of person may aware that any false information submitted in a document to the Department of State constitutes a third degree felony as persons.	perjury that the facts stated by	nerein are t S)
Roser Vicente		

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.

AGENTIN	THE STATE OF FLORIDA.			
	e of the Limited Liability Com	pany is:		
If unavailabl	e, the alternate to be used in t	he state of Florida is:		
2. The name	e and the Florida street addres	s of the registered agent and office	are:	
	Alex Ortiz			
		(Name)		
	354 Sevilla Av	е	Žijogen	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)		
	Coral Gables	<sub>FL</sub> 33134		
		City/State/Zip	, (	No.

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "GESAWORLD USA, 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 SECOND DAY OF JUNE, A.D. 2014.

4868608 8300

140769836

AUTHENTY CATION: 1414986

DATE: 06-02-14

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