Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001553873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company LA POTENCIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H14000155387 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

Transact Business in Florida	
IN COMPLIANCE WITH SECTION 805,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TO REGISTER A
1 La Potencia, LLC	
(Name of Poreign Limited Liability Company; must include "Limited Liability Company;" "LL.C.," of "LLC.")	
Demonstration of the second se	- 1 4 4 4 4 4 1 1 4 4 4 4 4 4 4 4 4 4 4
(If name unavallable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must i Liability Company," "LL.C," or "LLC.")	ncivas "Limita
2. Delaware 3 47-121488	SO
(PBI number, if applicable)	——————————————————————————————————————
4. Upon filing	
(Date Brat transpoted business in Florida, 1f prior to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty liability)	
5 5715 Corporate Way, West Palm Beach, Florida 33407	7 29
(Strest Address of Principal Oilige)	- F
6, 5715 Corporate Way, West Palm Beach, Florida 33407	表現 二
	京 至
(Malling Address)	<u> </u>
7. The name, title or capacity and address of the person(s) who has/have authority to manage is	27 ~
7. The tiaine, little of capsoity and address of the person(s) who havened addressly to manage is	/arc, 5
	
Thomas DeRita, Jr Manager - 5715 Corporate Way, West Palm Beach,	FL 33407
Ivan Ortiz Milanes - Manager - 5715 Corporate Way, West Palm Beach, Fl	_33407
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated be having custody of records in the jurisdiction under the law of which it is organized. (A photocopacceptable. If the certificate is in a foreign language, a translation of the certificate under oath of must be aubmitted)	y is not
Signature of an autiliarized person [In accordance with section 605.0203, F.S., the execution of this document constitutes an attituation under the penalties of pagury that the fact Im aware that any false information submitted in a document to the Department of Siato constitutes a third degree falony as provided for in s.81	a stated horein are true. 1 (7,355, F.S.)
Thomas DeRita, Jr.	·
Typed or printed name of signee	

H14000155387 3

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.

	of the Limited Liability of	Company is:	
If unavailable	, the alternate to be used	in the state of Florida is:	,
2. The name	and the Florida street add	fress of the registered agent and office are;	30 P 1
	NRAI Servic	es, Inc.	12 July 27 1 L K
	1200 South	Pine Island Road	SSEE TO
	Plarida Stre	et Address (P.O. Box NOT ACCEPTABLE)	F. S. P. 2.
	Plantation	PL 33324 City/Suite/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.

Signature)

\$ 100.00 Filing Fee for Application
\$ 25,00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Cortificate of Status (optional)

Asst. Secretary

H140001553873

H14000155387 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LA POTENCIA, 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-BIXTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA POTENCIA, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2014.

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

5557408 8300

140890873

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

AUTHENTY CATION: 1491108

DATE: 06-26-14

H140001553873