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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000043
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: alejandro.alperin@gmail.com

Foreign Limited Liability Company
GWI LLC

Certificate of Status	1
Certified Copy	0
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K. BALLY
EXAMINER
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December 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations
HARVARD BUSINESS SERVICES, INC.

SUBJECT: GWI LLC
REF: W14000072859

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000088292 "G.W.I LLC".

The FAX audit number must be on the top and bottom of each page of the document.

Karen Saly

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person of _____
GWI LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Delaware

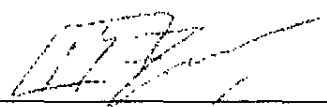
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements
of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Geowash International, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company,
L.L.C., or LLC.)



Signature Authorized Person

09 DEC 2014

Date

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

**IN COMPLIANCE WITH SECTION 105.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:**

1. **GWI LLC**

(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," "L.P.," or "LLP.")

Geowash International LLC

(If name is unavailable, then alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," "L.P.," or "LLP.")

2. **Delaware**

3. **32-0384296**

(Jurisdiction under the law of which foreign limited liability company is organized)

(FBI number, if applicable)

4. **No business transacted in Florida prior to registration**

(Date first transacted business in Florida, if prior to registration.)
(See sections 615.021 & 615.022, F.S. for determining liability liability.)

5. **1000 NW 57 Crt. Miami, Florida, 33126**

(Power Address of Principal Office)

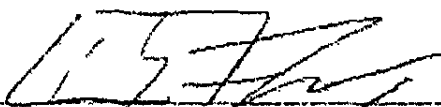
6. **1000 NW 57 Crt. Miami, Florida, 33126**

(Mailing Address)

7. The name, title or capacity, and address of the person(s) who has have authority to manage is/are

Alejandro Alperin, Sole Member, 1000 NW 57 Crt. Miami, Florida, 33126

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

(I, the undersigned, certify that the foregoing is a true and correct copy of the original document on file in the Department of State, and that the facts stated therein are true and correct.)

Alejandro Alperin

(Typed or printed name of signer)

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0702 (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 Liability Company is:

GWI LLC

If unavailable, the alternate to be used in the state of Florida is

2. The name and the Florida street address of the registered agent and office are:

Alejandro Alperin

(Name)

1000 NW 57 Crt.

(Florida Street Address (P.O. Box 5000) (optional))

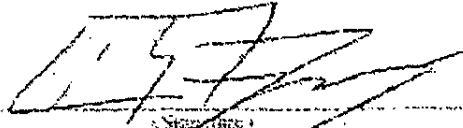
Miami

33126

FL

(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.



(Signature)

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

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TALLAHASSEE, FLORIDA

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GWI 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 FIFTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GWI LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2012.

5196426 8300

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1926909

DATE: 12-05-14

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