Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Pax Number : (850)617-6383

Account Name : HARVARD BUSINESS SERVICES,

Account Number : 120080000045

Fhone : (302)645-7400 Fax Number : (302)645-1080

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

rodrigowolff@bellsouth.net

Foreign Limited Liability Company Special Construction Services LLC

| Cortificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | ()4 |
| Estimated Charge | \$130.00 |

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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:

Special Construction Services LLC:

| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or | ال استحداد الا | | |
|------------|--|--|-------------------------|-------------|
| (If Lje | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate mability Company," "L.L.C," or "LLC.") | anic must highed | o "Line | ted |
| , | Delaware 3 | | | |
| ٢. (| (Jurisdiction under the law of which foreign limited liability (FEI number, if applied company is organized) | able) | - | |
| 4. | | ∑ ω | | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | LC A | 0 | #ITHUS |
| _ | 9870 SW 154th Avenue | H H | | |
| ٥. | MIAMI, FL 33196-3874 | SE SE | -83 | # Jacob |
| | (Street Address of Principal Office) | ىلى <u>.</u> س | | 5 mg |
| 6 | 9870 SW 154th Avenue | - F S Z | <u>:-</u> | 1 |
| ٠. | New Market State Control of the Cont | === | | - |
| | MIAMI, FL 33196-3874 | DA A | \bigcirc | |
| | MIAMI, FL 33196-3874 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to m | anage is/are | : : | |
| | (Mailing Address) | anage is/are | : | |
| | (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to m | anage is/are | : | |
| | (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to m | anage is/are | : | |
| 8. ha | (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to m | anage is/are -3874 aticated by the | ne offi | |
| 8. ha | (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to me Rodrigo Wolff 9870 SW 154th Avenue MIAMI, FL 33196- Attached is an original certificate of existence, no more than 90 days old, duly authen aving custody of records in the jurisdiction under the law of which it is organized. (A proceptable. If the certificate is in a foreign language, a translation of the certificate under | anage is/are -3874 Atticated by the photocopy is a roath of the | ne offi not trans | lator |

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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.

| If unavailable, th | ne alternate to be used i | n the state of Florida is: | | | |
|--------------------|---------------------------|--|-----------------|--------|----------------------|
| | | | <u>Z</u> ċ | | |
| 2. The name and | i the Florida street add | ress of the registered agent and office are: | LAHA | 0EC 29 | Kati sa |
| | Rodrigo Wolff | | | | 1 minutes |
| | | (Name) | OF S | PH 1 | a plasti E E E |
| | 9870 SW 154 | Ith Avenue | STATE LORIDA | 07:7 | · Corne |
| | Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) | _ A | | |
| | МІАМІ | 93196-3874 | | | |
| | | 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
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ Certificate of Status (optional)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SPECIAL CONSTRUCTION SERVICES 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-NINTH DAY OF DECEMBER, A.D.
2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPECIAL CONSTRUCTION SERVICES LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2014.

PH 4: 40
RY OF STATE
SEE, FLORIDA

1,

5657052 8300

141593953

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

Jeffiey W. Bullock, Secretary of State

AUTHENTICATION: 1993704

DATE: 12-29-14

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