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(Re	equestor's Name)					
(Ac	idress)					
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(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bi	usiness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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TAY 1 1 2015
T. HAMPTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE 622496 204300435 AUTHORIZATION : \$ 125.00					
ORDER DATE : May 8, 2015					
ORDER TIME : 12:05 PM					
ORDER NO. : 622496-005					
CUSTOMER NO: 4300435					
FOREIGN FILINGS NAME: ARIA DEVELOPMENT GROUP LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER:

CONTACT PERSON: Lydia Cohen -- EXT# 62974

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ons					
SUBJECT:	Aria Development Group LLC Name of Limited Liability Company						
OBJECT.							
				ransact Business in Florida," Certificate ity company to transact business in Flori			
lease return	all correspondence	concerning this matter to the	following:				
	Cristina Vasqı	uez					
	Name of Person						
	Aria Developr	ment Group LLC					
	Firm/Company						
	3050 Biscayno	3050 Biscayne Blvd., Suite 301					
			Address				
	Miami, FL 33	137					
		City/S	state and Zip Code				
	cristina@cardin	aldevelop.com					
	***************************************	E-mail address: (to be use	d for future annual report n	otification)			
or further in	formation concerning	ng this matter, please call:					
Cristina Vasquez		305 536-1	490				
	Name	of Contact Person	Area Code Da	aytime Telephone Number			
Divi Regi P.O.	ILING ADDRESS sion of Corporation stration Section Box 6327 ahassee, FL 32314	<u>:</u> S	Division Registra Clifton 2661 Ex	TADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301			
	check for the follow 125.00 Filing Fee	ving amount: \$\Bigsim \text{\$\ext{\$\text{\$\$\}\$}}}\$}\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\}\$}}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPILANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

A ria Development Group LLC

Aria Development Gr				
(Name of Fo	reign Limited Liabil	ity Company; must include	"Limited Liability Company," L.L.C.," or	"LLC.")
		ed for the purpose of transa	ecting business in Florida. The alternate nat	me must include "Limited
Liability Company," "L.L.C Delaware	or "LLC.)			
2. (Jurisdiction under the lay	v of which foreign li	3	(FEI number, if applicable)
company is organized)		······································	(, , , , , , , , , , , , , , , , , , ,	,
4. Upon qualification	(Data Grat	recommend by the same in 121 and	d. if will the state of the sta	- For 5
	(See sections	605.0904 & 605.0905, F.S	da, if prior to registration.) , to determine penalty liability)	哥哥哥們
5. 3050 Biscayne Blvd.,	Suite 301, Miami,	. FL 33137		A STANLEY OF THE STAN
				5500
	(S	treet Address of Principal C	Office)	一能是凹
6. 3050 Biscayne Blvd.,		El 33138		75 6
0				AMID: 16
				_ 6 7 o
		(Mailing Address)		الله
Name and street addre	<u>ss</u> of Florida regist	tered agent: (P.O. Box 1	NOT acceptable)	
Name:	Corporation Ser	vice Company		
	1201 Hays Stre			
Office Address:	1201 Hays Sile	Ç (
	Tallahassee		, Florida <u>32301</u>	_
Registered agent's accep		(City)	(Zip code)	
		d to accept service of pro	ocess for the above stated corporation	at the place designated in
this application, I hereby	accept the appoin	itment as registered ager	nt and agree to act in this capacity. I j	further agree to comply
with the provisions of all the obligations of my pos			te performance of my duties, and I an	i familiar with and accept
are oong anona of my pina	Corporation Ser	vice Company	Lydia Cohen	
	BULLION	(Registered agent	Asst Vice President	_
		(Negatered agent	3-ternature)	
8. The name, title or cap	acity and address of	of the person(s) who has/	have authority to manage is/are:	
David Arditi, Manager				
3050 Biscayne Blvd., Sui	te 301. Miami, FL	33137		
				<u> </u>
		$\overline{}$		
			y authenticated by the official having	
urisdiction under the law of the translator must be s		nized. (If the certificate i	s in a foreign language, a translation of	the certificate under oath
of the translator must be s	uoiiiited) 			
				-
		Signature of an author	orized person	
			iment constitutes an affirmation under	
he facts stated herein are degree felony as provided		•	submitted in a document to the Departr	nent of State constitutes a third
and to totally the provided	5.5 ((, 1 5 5 ()	LAURIZ GR	A(Cn	
		Typed or printed nam	e of signee	-
			-	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ARIA DEVELOPMENT GROUP 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 EIGHTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARIA DEVELOPMENT GROUP LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2013.

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

5346446 8300

150638286

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 2360682

DATE: 05-08-15

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