(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 735872 4814293

AUTHORIZATION CONNECTO

COST LIMIT : \$ 125.00

ORDER DATE : August 5, 2015

ORDER TIME : 3:09 PM

ORDER NO. : 735872-005

CUSTOMER NO: 4814293

FOREIGN FILINGS

NAME: LESTE CAPITAL PARTNERS

(FLORIDA), LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

2015 AUG - 5 A 9:

COVER LETTER

	Registration Section Division of Corporation	ns						
SUBJEC*	Leste Capital Pa	artners (Florida), LLC						
SUBJEC		Name of	Limited Liability	Company	·			
The enclose Existence.	sed "Application by For and check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authorizz enced foreign limi	ition to Tra ted liability	nsact Business in Plo company to transact	rida," Cert business i	ificate of n Florida	f 1.
Please rett	um all correspondence	concerning this matter to the	following:					
	Imole Ogow	ewo						
	<u></u>	N	ame of Person					
	Dechert LLF	•						
	 	F	irm/Company					
	1095 Avenu	e of the Americas						
			Address					
	New York, 1	NY 10036						
City/State and Zip Code								
	imole.ogowev	wo@dechert.com						
		E-mail address: (to be use	d for future annua	report not	ification)	=	~3	
For furthe	r information concernir	ng this matter, please call:					2015 AUG	or maga
Imole Ogowewo		212 at (649-87.)	25	±ASA ETASA	5	41.29/12	
_	Name (of Contact Person	Area Code	Day	time Telephone Num	J.A.1 'm-A	S	i T
I R P	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding ceutive Center Circle ice, FL 32301)F STATE , FLORIDA	A 9:21	
	is a check for the follow I \$125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy	-	☐ \$160.00 Filing F		cate	

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

IN COMPLIANCE WITH SECTION 605/09/2. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

Leste Capital Partr	ners (Florida) II C		
(Name of For	reign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.	C," or "LLC.")
(If name unavailable, enter a	alternate name adopted for the purpose of	transacting business in Florida. The altern	ate name must include "Limited
2 Delaware		3. 47-4538254	
	of which foreign limited hability	(FEI number, if app	licable)
4. Upon filing			
	(Date first transacted business in (See sections 605,0904 & 605,090	n Florida, if prior to registration.) 35, F.S. to determine penalty liability)	
5. 1395 Brickell Avenue	e, Suite 670. Miami FL, 33131		
	(Street Address of Princ	-izul (Office)	X _s 2
1305 Brickell Avenue	Suite 670, Miami FL, 33131	cipal (fiftee)	
6. 1393 Brickell Aveille	, Suite 670, Main FE, 33131		2015 AUG
			37
	(Mailing Addi	ress)	<u> </u>
7 Name and street addre	ess of Florida registered agent: (P.O. I	Roy NOT acceptable)	
7. Name and street appre	Corporation Service Company	13//X 140/1 deceptancy	412
Name:	- Corporation dervice Company		
Office Address:	1201 Hays Street		型 2
	Tallahassee	Florida <u>32301</u>	
Registered agent's acce	(Cíty)	(Zíp co	ode)
this application, I hereby with the provisions of all	r accept the appointment as registered statutes relative to the proper and consistent as registered agent. Corporation Service Company By:	of process for the above stated corpored agent and agree to act in this cupac complete performance of my duties, ar	city. I further agree to comply
	(Registered	agent's signature)	
•	pacity and address of the person(s) wh HAMAGNE DE SABRIT	no has/have authority to manage is/arc:	
Authorized Person			
765 Crandon Blvd, Unit	109, Key Biscayne, FL 33149		
jurisdiction under the law of the translator must be s (In accordance with section	on 605.0203. F.S., the execution of th	old, duly authenticated by the official has ficute is in a foreign language, a translation authorized person has document constitutes an affirmation nation submitted in a document to the	ation of the certificate under oath
degree felony as provided			
	Stephan Rena	aux Chamagne de Sabrit	
	Typed or print	ted name of signee	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LESTE CAPITAL PARTNERS (FLORIDA),

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 AUGUST, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LESTE CAPITAL PARTNERS (FLORIDA), LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2015.

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

5766744 8300

151136495

AUTHENTY CATION: 2618505

DATE: 08-05-15

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