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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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DEPARTMENT OF STARY O

AUG 1 9 2015

Y SULKER

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER DATE: 8-17-15 WALK IN

NAME: Santo USA LLC
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY CERTIFIED COPY
CHECK #
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER!
THANK YOU SO MUCH!
TINA GOFF, PRESIDENT SUNSHINE CORPORATE & FILING SERVICES INC

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. SANTO USA LLC	eign Limited Liability Company; mu	st include "Limited Liability Company," "L.L.C.	." or "LLC.")
Liability Company," "L.L.C,"	iternate name adopted for the purpose " or "LLC.")	e of transacting business in Florida. The alternate	name must include "Limited
2. Delaware		3. 47-480041 9	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applies	able)
4			
	(See sections 605,0904 & 605,	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty Hability)	
5. 100 Park Avenue, 4t	h Floor, New York, NY 10017		
			
, 100 Park Avenue, 4th	(Street Address of P Floor, New York, NY 10017	rincipal Office)	
J,			
	(Mailing A	\ddr ess)	<u>.</u>
. Name and street address	s of Florida registered agent: (P.0	O. Box NOT acceptable)	一
Name:	United Corporate Services, in	nc.	AUG.
Office Address:	9200 South Dadela	and Blvd. Ste. 508	
	Miami	, Florida 33156	F 3
legistered agent's occept	(Clty)	(Zip code)	
laving been named as reg his application, I hereby d	gistered agent and to accept servincept the appointment as register tatutes relative to the proper and lon as registered agent. By:	ice of process for the above stated corporate sred agent und agree to act in this capacity. I complete performance of my duties, and I	I further agree to comply
	Michael A. Barr,	red agent's signature) President	
i. The name, title or capac fom Lobene, Manager		who has/have authority to manage is/are:	
00 Park Avenue, 4th Fi	oor, New York, NY 10017	,	
			
. Attached is a certificate or inisdiction under the law of the translator must be sub-	f which it is organized. (If the cer	s old, duly authenticated by the official having the stranslation of the stranslation	ng custody of records in the of the certificate under oath
•	··•	f an authorized person	
his document is executed i ibmitted in a document to t	in accordance with section 605.02 the Department of State constitute	03 (I) (b), Florida Statutes. I am aware that a	any false information 17.155, F.S.
	Tom Lobene, Manager		

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SANTO USA 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 SEVENTEENTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANTO USA LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2015.

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

5803938 8300

151180849

Jeffrey W. Bullock, Secretary of State **AUTHENTYCATION: 2651421**

DATE: 08-17-15

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