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## **COVER LETTER**

ID ID CO	Figaro Del	LLC
UBJECT: _		e of Limited Liability Company
he enclosed ' kistence, and	"Application by Foreign Limited Liab I check are submitted to register the at	oility Company for Authorization to Transact Business in Florida," Certification between the company to transact business in F
ease return a	all correspondence concerning this ma	atter to the following:
	Surely Molina	
		Name of Person
	Global Account	ing and Tax Professional
		Firm/Company
	5862 West Flag	yler Se T
		Address Fig. 7
	Miami Florida 3	33144
		City/State and Zip Code
	sglobal.usa@gr	×
		(to be used for future annual report notification)
or further inf	Formation concerning this matter, plea	se call:
Sı	urely Molina	<sub>at (</sub> 786 372-1391
	Name of Contact Person	Area Code Daytime Telephone Number
Divis Regis P.O.	iLING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amounts: 25.00 Filing Fee \$130.00 Filing	

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

# 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.

1. The name of the Limited Liability Company is:

#### Figaro Del LLC

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

## Figaro Del Florida LLC

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

Surely Mo	olina	SE SE -
(Name)		SS -
5862 West Flagler Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		2: 45
Miami	33144 FL	ng gan transfer that it
	City/State/Zin	

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)

# Delaware

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## The First State

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

DELAWARE, DO HEREBY CERTIFY "FIGARO DEL 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 JULY, A.D. 2015.



5533555 8300

150927744

AUTHENT

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2535714

DATE: 07-08-15

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