09/24/2015 15:20 5616941639

PAGE 07/18

**Division of Corporations** 

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To: Division of Corporations Fax Number : (850)617-5383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 r (561)694-8107 Phone : (561)694-1639 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: 2015 ŝ Foreign Limited Liability Company 2u **UVM Partners, LLC** m 9 σ FLORIDA Certificate of Status 1 ŝ ü, Certified Copy 0 23  $\alpha$ Page Count 90 Estimated Charge \$130.00 ന E SEP SEP 2 5 2015 ഹ BRUCE

## 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 JUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delawarc (Jurisdiction under the law of which foreign limited liability (FEI number, it applicable) company is organized) 4. (Date first mansaeted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3301 NE 1st Ave. Apt. 1604 5. Miami, FL 33137 (Street Address of Principal Office) 3301 NE 1st Ave. Apt. 1604 Miami, FL 33137 (Mailing Address) SEP 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) 24 Corporate Creations Network Inc. Name: Ū 11380 Prosperity Farms Road #221E Office Address: 3 Paim Beach Gardens 33410 Florida  $\sim$ (City) (Zip code) Registered agent's acceptance:

Having been named as registered agent and to accept pervice of process for the above stated limited liability company at the place designated in this application. 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 statuted relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of repistered agent.

Kristine Duran, Special Secretary (Repistered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jared Brunnabend, Manager - 3301 NE 1st Ave. pt. 1604 Miami, FL 33137

Efren Ales, Manager - 3301 NE 1st Ave, Apt, 1604 Miami, FL 33137

Jose Tello, Manager - 3301 NE 1st Ave. Aptr 1604 Miami, FL 33137

9. Attached is a certificate of exi jurisdiction under the law of wh of the translator must be submit	ch it is o gani:			
		Signature of an	authorized person	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of state constitutes a third degree felony as provided for in s.817.155, F.S.

Jared Brunnabend, Manager by: Kristine Duran, Attorney-In-Fact

Typed or printed name of signee

09/24/2015 15:20 5616941639

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PAGE 09/18



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UVM PARTNERS, 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-THIRD DAY OF SEPTEMBER, A.D. 2015.

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



Authentication: 10113240 Date: 09-23-15

5829203 8300 SR# 20150229128 You may verify this certificate online at corp.delaware.gov/authver.shtml