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COVER LETTER

Registration Section

TO:

Div	ision of Corporatio	ns			şe		
SUBJECT:	OPA INDUSTRIAL	L HOLDINGS, LLC		•			
	Name of Limited Liability Company						
					ansact Business in Florida," Ce y company to transact business		
Please return	n all correspondence	concerning this matter to the	following:				
	JORGE L MA	RTINEZ, CPA					
		N	lame of Person				
	MARTINEZ-N	MARQUEZ, CPA, PA					
		Firm/Company					
	6303 BLUE L	AGOON DR, SUITE 200					
			Address				
	MIAMI, FL 33	3126					
		City/S	State and Zip Code				
	jorge@mgccpa.r	net					
		E-mail address: (to be use	d for future annual	report not	ification)		
For further i	nformation concernit	ng this matter, please call:					
Jor	ge L Martinez, CPA		305 at (274-26	26		
<u></u>	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		·			
	a check for the follov \$125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certifor Status & Certified Copy	ficate	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2015

JORGE L MARTINEZ CAP 6303 BLUE LAGOON DR, SUITE 200 MIAMI, FL 33126

SUBJECT: OPA INDUSTRIAL HOLDINGS, LLC

Ref. Number: W15000060267

We have received your document for OPA INDUSTRIAL HOLDINGS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You sent a Certificate of Formation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 515A00019313

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	OLDINGS, LLC eign Limited Liability Company; must include "Lin" .C	ilted Liability Company," "L.L.C.," or "LLC.	")
· · · · · · · · · · · · · · · · · · ·	Iternate name adopted for the purpose of transacting	business in Florida. The alternate name mus	st include "Limited
2 DELAWARE		23210	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. <u>N/A</u>			
	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to c	f prior to registration.) letermine penalty liability)	
5. 1750 N BAY SHORE	DR, #2705, MIAMI, FL 33132		
			2
	(Street Address of Principal Office	2)	
6. 1750 N BAY SHORE I	DR, #2705, MIAMI, FL 33132		\$ T
			P 30 M
	(Mailing Address)		Man E
7 Name and stoom added	•	Casaantahla)	55. 6
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT	_acceptable)	
Name:	JORGE L MARTINEZ, CPA		THE COMME
Office Address:	6303 BLUE LAGOON DR, SUITE 200		
	MIAMI	, Florida 33126	
Registered agent's accep	(City)	(Zip code)	
designated in this applicate to complywith the provisi	egistered agent and to accept service of procession, I hereby accept the appointment as regions of all statutes relative to the proper and emy position as registered agent.	stered agent and agree to act in this cap omplete performance of my duties, and	acity. I further agree
	(Registered agent's si	gnature)	
8. The name, title or capa	acity and address of the person(s) who has/hav	e authority to manage is/are:	
ANA M MAZZA-BRINK	JENSEN - MANAGING MEMBER		
JORGE ZACARIAS - MA	ANAGING MEMBER		
		-	
	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ubmitted	a foreign language, a translation of the o	
	d in accordance to the section 605.0203 (1) (b), to the Department of State constitutes a third de		

Typed or printed name of signee

JORGE ZACARIAS

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPA INDUSTRIAL HOLDINGS 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2015.

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

Authentication: 10160191

Date: 09-30-15