(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	h/Ctoto/Zin/Dhana #	
(CII	ty/State/Zip/Phone #	)
PICK-UP	■ WAIT	MAIL.
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Octanica Oopies		
Special Instructions to	Ciling Officer:	
Special instructions to	Filing Onicer.	

Office Use Only



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J. HARRIS

### **COVER LETTER**

TO:	Registration Section Division of Corporations	·			•
SUBJI	CAMBRE HOLDING	S LLC			
3000		Name of Li	mited Liability C	Company	
					nsact Business in Florida," Certificate of company to transact business in Florida.
Please	return all correspondence con	cerning this matter to the fo	ollowing:		
	SALVADOR I DI	PP			
		Nan	ne of Person		
	MLP FINANCIA	L GROUP, INC			
		Fire	n/Company		
	4005 NW 114th A	VE., SUITE 5			
			Address		
	DORAL, FL 3317	8			
		City/Sta	te and Zip Code		
	saldipp@premiumta	axservices.com			
	- I	E-mail address: (to be used t	for future annual	report noti	fication)
For fur	ther information concerning t	his matter, please call:			
	SALVADOR I DIPP		305 at (	406-385	8
	Name of C	Contact Person	Area Code	Dayt	ime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section dilding cutive Center Circle de, FL 32301
Enclos		g amount:  3 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



October 30, 2015

SALVADOR I DIPP 4005 NW 114TH AVE, SUITE 5 DORAL, FL 33178

SUBJECT: CAMBRE HOLDINGS LLC

Ref. Number: W15000071925

We have received your document for CAMBRE 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.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00023038

## 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:

	Iternate name adopted for the purpose of transacting	g business in Florida. The alternate na	me must include	Limited
Liability Company," "L.L.C,		206999		
2. THE STATE OF ALAS (Jurisdiction under the law	- <del></del>			
company is organized)	of which foreign timited hability	(FEI number, if applicable	")	
4. 11/01/2015			_	
5. 6039 COLLINS AVE.	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to 6	of prior to registration.) determine penalty liability)		
MIAMI BEACH, FL 3	•			
6020 COLLING AVE	(Street Address of Principal Offic	c)		
6. 6039 COLLINS AVE.,	AP1 /03		2	
MIAMI BEACH, FL 3	3140		2015 IALI	carry -
	(Mailing Address)			E A
7. Name and street address	ss of Florida registered agent: (P.O. Box NO	<u>r_</u> acceptable)	75 SS 4	Entere.
Name:	SALVADOR I DIPP			*nmin_F
Office Address:	4005 NW 114th AVE., SUITE 5		S 5 5	e f
	DORAL	, Florida <u>33178</u>		2
	(City)	(Zip code)		,
designated in this applica to complywith the provisi accept the obligations of	registered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent.  Registered agent's significant accepts the person (s) who has/hav	istered agent and agree to act in the complete performance of my dutie	his capacity.  I	further agre
•	S" MANAGER MEMBER"	o uniformly to manage to are.		
JUAN CARLOS MARIN	AS FERNANDEZ " MANAGER MEMBER		<del></del>	
0. 44-4-15	of existence, no more than 90 days old, duly a	authenticated by the official having	g custody of re	cords in the

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.

FRANCISCO MARINAS

Alaska Entity #10030022

# State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

# **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

### Cambre Holdings, LLC

This entity was formed on June 08, 2015 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **November 09, 2015**.

Chris Hladick Commissioner

Ch Halix