Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
•	Division of Corporations	3.5
	Fax Number : (850)617-6383	672)
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From:		weg Tr
	Account Name : VCORP SERVICES, LLC	<u> </u>
	Account Number: I20080000067	3134
	Phone : (845)425-0077	要用
	Fax Number : (845)818-3588	2 -

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				

## Foreign Limited Liability Company Vistaflor E-Commerce USA LLC

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

IN COMPLIANCE WITH SEE COMPANY TO TRANSACT HE	THON 608,0902, FLORIDA STATUITES, THE POLLOWIN USINFOS IN THE STATE OF FLORIDA:	NG ES SUBMITTED TO RECISITER A FOR	EIGN LIMITED LIABILITY
L VISTAFLOR E-COM	MERCE USA LLC		
. (Name of For	eign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "L.L.	A 187
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting be " or "14.C.")	riness in Florida. The alternate name in	est include "Limited
2. Delaware	3		
(Jurisdiction untitor the law company is organized)	of which foreign limited limbility	(FEI number, If applicable)	
1	Date land teamers of his land 1		
5 7270 NW 12th Street,	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to dete Suite 340	nor to registration,)	
Minni, FL 33126		•	TALL STEET
6. 7270 NW 12th Street, 5	(Street Address of Principal Office) Suite 340	**************************************	
Miami, FL 33126			C 30
	(Mailing Address)		The party to
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT ac	eceptable)	
Name:	GBBPL Registered Agents, LLC		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Office Address:	100 Almeria Avenue, Suite 340	<del>-</del>	見 記 の
	Coral Gables	, f`lorida	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept service of process fortion, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered alternation (Registered agent's signal	ed agent and agrae to act in this cap plate performance of my duties, und	pacity. I further agree
8. The name, title or cups	icity and address of the person(s) who hashave au	ithority o manage is/arc:	
Alvaro McAllister, Manag	ger/President		
Juanita McAllister, Manaj	ger/Vice President		
9. Attached is a certificate urisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a fabritted)	enticated by the official having custo oreign language, a translation of the	ody of records in the certificate under eath
	Signature of an nutborized p	erson	
	in accordance with section 605.0203 (1) (b), Flor the Department of State constitutes a third degree Alvaro McAllister		
•	Typed or printed name of sig	nice	

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "VISTAFLOR E-COMMERCE 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 THIRTIETH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISTAFLOR E-COMMERCE USA LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2010.

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

4920896 8300 SR# 20151584752

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

Jeffrey W. Bullock, Secretary of Steto

Authentication: 10705419

Date: 12-30-15