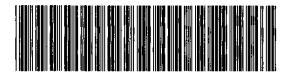
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(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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JH HARRIS

#### **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	Estela Shipping USA, LLC T:
0000	Name of Limited Liability Company
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	turn all correspondence concerning this matter to the following:
	Fabio Minetti
	Name of Person
	Estela Shipping USA, LLC
	Firm/Company
	1760 NE 144th Street
	Address
	Miami, FL 33181
	City/State and Zip Code
	fabio.minetti@estelashipping.net
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	Fabio Minetti 786 327-2316
	Name of Contact Person Area Code Daytime 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
Enclose	is a check for the following amount:  \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{1} \\$130.00 \text{ Filing Fee} \& \Boxed{1} \\$155.00 \text{ Filing Fee} \& \Boxed{1} \\$160.00 \text{ Filing Fee, Certificate} \\ \text{Certificate of Status} \text{Certified Copy} \text{ of Status & Certified Copy}



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2016

FABIO MINETTI 1760 NE 144TH STREET MIAMI, FL 33181

SUBJECT: ESTELA SHIPPING USA LLC

Ref. Number: W1600003005

SELECTION IS PH 3:5

111

We have received your document for ESTELA SHIPPING USA 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:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 116A00001038

2016 JAN 15 PH 3: 55

### 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:

	Jig. Diffice Diability Company, must	include "Limited Liability Con	npany," "L.L.C.," or "	LLC.")		
f name unavailable, enter aliability Company," "L.L.C,	Iternate name adopted for the purpose of " or "LLC.")	of transacting business in Flori	da. The alternate name	e must in	clude "	Limited
NV		3. 81-1072089				
(Jurisdiction under the law company is organized)	of which foreign limited liability		umber, if applicable)			<del></del>
Jan 1, 2016						
	(Date first transacted business (See sections 605,0904 & 605,09	in Florida, if prior to registrati 05, F.S. to determine penalty	on.) liability)			
1760 NE 144th St						
Miami, FL 33181						
	(Street Address of Pri	ncipal Office)				
1760 NE 144St	·	, .				
Miami, FL 33181				<u> </u>	2016	
	(Mailing Ad	dress)			<u></u>	energ -
Nome and street address	ss of Florida registered agent: (P.O	Pay NOT againtable		<u> </u>		Etter august.
	ss of Florida registered agent: (F.O.)  Fabio Minetti	. Box <u>NOT</u> acceptable)			បា	ppv.bie.
Name:	1760 NE 144ST				[발 요:	e 4 i
Office Address:			22101		c.n	
	Miami	, Floric		5.1	S	
			(Zip code)			
		e of process for the above	stated limited liabili	itv comp	oanv ai	the pla
Idving been named as re designated in this applica to complywith the provisi- eccept the obligations of a	stance: registered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the pr my position as registered agent.  (Registered acity and address of the person(s) w	ent as registered agent and complete performed agent's signature) The lass/have authority to ma	d agree to act in this nance of my duties, anage is/are:	s capacii and I a	ty. I fi	irther a
laving been named as re esignated in this applica o complywith the provisic cept the obligations of the control	stance: egistered agent and to accept service ation, I hereby accept the appointments on all statutes relative to the promy position as registered agent.  (Registered accity and address of the person(s) we miguel Arcos Moya - Manager,	ent as registered agent and roper and complete performed agent's signature) The las/have authority to mail Jamie Rozo - Manager, Jam	d agree to act in this nance of my duties, anage is/are:	s capacii and I a	ty. I fi	irther a
laving been named as re esignated in this applica o complywith the provisic cept the obligations of a	stance: egistered agent and to accept service ation, I hereby accept the appointments on all statutes relative to the promy position as registered agent.  (Registered accity and address of the person(s) we miguel Arcos Moya - Manager,	ent as registered agent and roper and complete performed agent's signature) The last have authority to manager, Jamie Rozo - Manager, James	d agree to act in this nance of my duties, anage is/are:	s capacii and I a	ty. I fi	irther a
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designated in this applicate of complywith the provision of the complywith the provision of the complete of th	egistered agent and to accept service toon, I hereby accept the appointments of all statutes relative to the promy position as registered agent.  (Registered accept and address of the person(s) we miguel Arcos Moya - Manager, accept the promote than 90 days of which it is organized. (If the certain services accept the person of the pers	ent as registered agent and roper and complete performed agent's signature) The las/have authority to may same Rozo - Manager, James Amore 34	anage is/are:  nie Pastor- Manager  the official having c	ustody o	ty. I fi m fam	erther a iliar wi
Having been named as relesignated in this applicate of complywith the provision occept the obligations of the complyment of the complex of th	existence: expistered agent and to accept service action, I hereby accept the appointments of all statutes relative to the promy position as registered agent.  (Registered active and address of the person(s) we may address of the person active active and address of the person active active and address of the person active and address of the person active ac	ent as registered agent and roper and complete performed agent's signature) The las/have authority to may same Rozo - Manager, James Amore 34	anage is/are:  nie Pastor- Manager  the official having c	ustody o	ty. I fi m fam	erther e iliar wi

MIGUEL ARCOS MCYA

Typed or printed name of signee



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ESTELA SHIPPING USA LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 12, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 15, 2016.

na.K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160115-0962
You may verify this electronic certificate
online at http://www.nvacs.gov/