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PICK-UP	WAIT	MAIL					
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Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							

Office Use Only

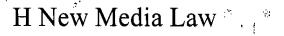


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12008 South Shore Blvd., Suite 105 • Wellington, Florida 33414 • Phone: 561.841.6380

MIAMI

By Appointment

E-Mail: fherrera@hnewmedia.com • Web: http://www.hnewmedia.com

Date: January 25, 2016

Attn: Debra Bruce Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: AFR IMPORTS, LLC Florida Foreign LLC Application

Dear Ms. Bruce:

Attached please find the following documents with regard to the application referenced-above:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and
- 3. Delaware Certificate.

Please note that the payment of \$125.00 is already in your possession.

Should you need anything else, please do not hesitate to contact our office,

Sincerely, H NEW MEDIA LAW /s/Frances Staveley, CP Certified Paralegal

FS/cc Enclosures

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ALLAHASSEE POIAIE

COVER LETTER

	Registration Section Division of Corporatio	ns							
SUBJEC	AFR IMPORTS LL	.c							
CODJEC		Name of Limited Liability Company							
The enclo	osed "Application by For e, and check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tranited liability	sact Busines	s in Florida," transact busin	Certificate ess in Flori		
Please ret	turn all correspondence	concerning this matter to the	following:						
	Frank Herrera,	Esq.							
		N	ame of Person						
	H New Media	Law							
	Firm/Company								
	12008 South S	hore Blvd., Suite 105							
	<u> </u>	Address							
	Wellington, FL	.33414				ZIIII SEC	2020		
		City/S	tate and Zip Cod	e			anima.		
	fherrera@hnewr	media.com				2 9 888 888	•		
		E-mail address: (to be use	d for future annu	al report notif	ication)	<u> </u>			
For further	er information concerning	g this matter, please call:				\$17415 FORES			
_	Frank Herrera, Esq.		561 at (841-6380			,		
	Name	of Contact Person	Area Cod	Dayti	me Telepho	ne 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							
	is a check for the follow \$125.00 Filing Fee	ring amount: \$\Boxed{1}\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Copy			Filing Fee, Ce Certified Cop			

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AFR IMPORTS LLC (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.") AFR IMPORTERS LLC 45-5160437 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) DELAWARE (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3705 NW 115th Avenue, Suite 5, Doral FL 33178 (Street Address of Principal Office) 3705 NW 115th Avenue, Suite 5, Doral FL 33178 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Frank Herrera Name: 12008 South Shore Blvd., Suite 105 Office Address: Wellington Registered agent's acceptance: Having been named as registered agent and to accept service 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Abraham Flores, Manager 3705 NW 115th Avenue, Suite 5 Doral, FL 33178 9. Attached is a certificate of existence, no more than 90 days old, duly authepticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a lopping language, a translation of the certificate under oath of the translator must be submitted) 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. Abraham Flores

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AFR IMPORTS 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 SECOND DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFR IMPORTS LLC"

WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2012.

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



Authentication: 10342468

Date: 11-02-15

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