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FEB 1 O 2016 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation	s				
SUBJI	LIBBS NORTH AM					
(3(1)3)	,		Limited Liability (.`ompany		
The en Exister	closed "Application by Foreige, and check are submitted	eign Limited Liability Com I to register the above refer	pany for Authoriza enced foreign limi	ition to Tri ted liability	insact Business in Florida," Certi y company to transact business in	ficate of Florida.,
Please	return all correspondence co	incorning this matter to the	following			
	MICHEL DE A	MORIM				
		N	lame of Person			
	DRUMMOND	CONSULTING LLC				
Firm/Company						
601 BRICKIELL KEY DRIVE, SUITE 901						
Address						
MIAME FE 33131						
	**************************************	City/S	State and Zip Code			
	mamorim <i>@</i> drum	mondadvisors com				
		E-mail address: (to be use	d for future annual	report not	ofication)	
For fin	ther information concerning	this matter, please call:				
	MICHEL DE AMORIM		781 at (770-00		
	Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section adding secutive Center Circle see, Fl. 32301	
Enclose	ed is a check for the followi \$125.00 Filmg Fee	ng amount; \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certified of Status & Certified Copy	ne

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 28, 2016

MICHEL DE AMORIM DRUMMOND CONSULTING LLC 601 BRICKELL KEY DRIVE, SUITE 901 MIAMI, FL 33131

SUBJECT: LIBBS NORTH AMERICA, LLC

Ref. Number: W16000006280

We have received your document for LIBBS NORTH AMERICA, 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:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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: 016A00001962

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-**LIBBS NORTH AMERICA, 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 Trability Company," "L.L.C," or "LLC,") , DELAWARE 37-1763958 (Jurisdiction under the law of which foreign limited hability (FFI number, if applicable) company is organized). 09/02/2015 (Date first fransacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1013 CENTRE ROAD, SUITE 403-A WILMINGTON, DE 19805 (Street Address of Principal Office) **GOT BRICKELL KEY DRIVE, SUITE 901** MIAML FE 33131 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) DRUMMOND CONSULTING LLC Name 60) BRICKELL KEY DRIVE, SUITE 901 Office Address MIAMI (City) 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. ALCEBIADES DE MENDONCA ATHAYDE JUNIOR, CHIEF MANAGER RUA JOSEF KRYSS 250 - BARRA FUNDA, SAO PAULO - SP, BR 01140-050 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted)

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.

ALCEBIADES DE MENDONCA ATHAYDE JUNIOR

Signature of an authorized person

Delaware The First State

To:

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LIBBS NORTH AMERICA, 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 NINTH DAY OF FEBRUARY, A.D. 2016.

5583241 8300 SR# 20160591729 Authentication: 201803389

Date: 02-09-16

SR# 20160591729
You may verify this certificate online at corp.delaware.gov/authver.shtml