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Division of Corporations

Pas Number : (850)617-6383

Prom:

Account Name : (MEAT SERVICES, LLC

Account Number : 120080600204 Phono : (30%) 674 4089

Fax Number : (302)674-5266

**Reter the email address for this business entity to be used !affitutume serval report weilings. Enter only one small address please

Email Address:

Foreign Limited Liability Company TF DADELAND LLC

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HI6000086195 3

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

	USINESS INTUE STATE OF FLORIDA:	
(Name of Fore	eign Limited Cability Company, must thehide "Limited Liability Company," (E.L.C., or "E.C.C.)	
(If name unavailable, oner all Liability Company," "L.L.C."		ied
, DELAWARE	3. 38-3989598	
company is organized)	of which foreign timited habitity (FEI mamber, it applicable)	
4. 04/19/2016	(Fate first transported huggers as placed), if near to constraints)	
	(Date first transacted his mess in Fibrida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability)	
5 7704, 7538 N Kendall	Dr.	
Kondall, FL 33156		
ما د د د سام ورا میکانیدی این به به به به به به به به به د سامه این به	(Street Address of Principal Office)	
6. 7704, 7535 N Kendali I	Dr. Residence of the second se	School September 1
Kendalt, FL 33156	Soft in	
· · · · · · · · · · · · · · · · · · ·	(Maning Address)	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	
Sharman	NRAI Services, Inc.	
Name:	1200 South Pine Island Road	
Office Address:	Marie - Property - Lyngh Stay And - Charles - And - An	
	Plantation Florida 33324 (Cay) (Zap code)	
Registered agent's accep-		
designated in this applica- to complywith the provision	egistered agont and to accept service of process for the above stated limited liability company at the ution, I hereby accept the appointment as registered agent and agree to not in this capacity. I further ions of all statutes relative to the proper and complete performance of my duties, and I om familian my position as registered agent. NRAL Services, Inc. (Registered agent's signature)	er agree r with and
e me anna anti-	acity and address of the person(x) who has/have authority to manage is/are:	
	etor, 997 Madison Ave, New York, NY, 10075	
	, 997 Madison Ave, New York, NY, 10075	
Alberto Rodriguez Von II	Ilhering Azevedo, Director, 997 Madison Ave, New York, NY, 10075	
9. Attached is a certificate jurisdiction under the law of the translator must be st	e of existence, no more than 90 days old, duty authoritizated by the official having custody of records to which it is organized. (If the certificate is in a foreign language, a translation of the certificate and submitted)	in the ier outh
	Signature of an authorized person	
This document is executed submitted in a document to	id in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any talse information to the Department of State constitutes a third degree felony as provided for in 9.817.155, F.S.	
	Frederica Wagner	

LQ3578 <26192015 Wolses Kluwer Online

Typed or printed name of signee

H16000086195 3

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TF DADELAND 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 SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TF DADELAND LLC" WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2015.

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

5687658 8300

5R# 20162123818

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

Jefftery W. Horlige.a. Seccentary of Aliafe

Authentication: 202106220

Date: 04-06-16