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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Makakos, LLC T:			
0000	Name of Limited Liability Company			
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice, 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:			
	Hector Vargas			
	Name of Person			
	Makakos, LLC			
Firm/Company				
	1346 Knorr St			
Address				
	Philadelphia, PA 19111			
City/State and Zip Code				
	makako.express@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For fur	er information concerning this matter, please call:			
	Hector Vargas 267 297-9938 at ()			
	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			
Enclos	is a check for the following amount: \$\Bigsize \text{\$125.00 Filing Fee} \$\Bigsize \$\Bigzize \$\Bigzize \$\Bigsize \$\Bigzize \$\Bigzize \$\Bigzize \$\Bigzize \$\Bizze \$\Bizze \$\Bi	ą		

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:

1. Makakos, LLC					
(Name of Fore	eign Limited Liability Company; must include "Limited Lia	bility Company," "L.L.C.," or "LI	.C.")		
Makakos Express, LLC					
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting busine " or "LLC.")	ss in Florida. The alternate name n	nust include	"Limited	.1
2. PA	3	(FEI number, if applicable)			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	o registration.) e penalty liability)			
5. 1346 Knorr St					
Philadelphia PA 19111					
	(Street Address of Principal Office)				
6. 1346 Knorr St					
Philadelphia PA 19111			; ;;	-1	
	(Mailing Address)		-);;;=	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accept	table)		P.	
Name:	Hector Vargas			-7	•
Office Address:	3761 Prairie Fox Lane Apt 3	_			. 1 1 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Orlando FL	, Florida <u>32812</u> (Zip code)	3	င္မာ င	
Registered agent's accep	(City)	(Zip code)	r i		
designated in this applica to complywith the provision	gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered a cons of all statutes relative to the proper and complete my position as registered agent.	igent and agree to act in this c	apacity. I j	further	agree
	(Registered agent's signature)				
	acity and address of the person(s) who has/have author	rity to manage is/are:			
Hector Vargas - Owner -					
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authention of which it is organized. (If the certificate is in a foreign abmitted) War and the continued of an authorized person of the continued of an authorized person of the continued of the certificate is in a foreign authorized person of the continued of the certificate is in a foreign authorized person of the certificate is in a foreign authorized	gn language, a translation of the	tody of rece e certificate	ords in : : under :	the oath
	Signature of an authorized perso	n			
	in accordance with section 605.0203 (1) (b), Florida the Department of State constitutes a third degree fel			tion	
	He.C+OV G. \ Typed or printed name of signee				
	Typed or printed name of signee	U			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/21/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Makakos, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160321151580-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx