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SWARREN

## COVER LETTER

TO: Registration Section

Division of Corporations		
ENEPAKA LLC SUBJECT:		
	f Limited Liability C	ompany
The enclosed "Application by Foreign Limited Liability Con Existence, and check are submitted to register the above refe	npany for Authorizat renced foreign limite	ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida
Please return all correspondence concerning this matter to th	e following:	
VALERIA	SCHVARTZMAN	
1	Name of Person	
LAW OFFICE OF	VALERIA SCHVAF	RTZMAN PA
1	Firm/Company	
12550 BISCAY	'NE BLVD., STE 40	6
<del></del>	Address	4-4
NORTH MI	AMI, FL 33181	
City/	State and Zip Code	
valeria@	schvartzmanlaw.com	n
E-mail address: (to be us	ed for future annual	report notification)
For further information concerning this matter, please call:		
GRISEL CALDERO	305	974-0114
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
Enclosed is a check for the following amount:  \$\Boxed{\omega}\$	S155.00 Filing	g Fee & \$\Bigsquare\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

(Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  NORTH MIAMI  (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position ar registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Jurisdiction under the law of which foreign fimited liability  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI  Florida  (City)  City order  (City)  (City)  (Registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiate of the obligations of my position as registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		ternate name adopted for the purpose of transa-	eting business in Florida. The altern	nate name r	nust includ	de "Li
Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida. If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI  (City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at Its signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiately the obligations of my position as registered agent's signature)  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Units diction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI  (City)  registered agent's acceptance:  using been named as registered agent and to accept service of process for the above stated limited liability company at 1 signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiately the obligations of my position arregistered agent's signature)  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		or "LLC.")				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty flability)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI  (City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at It is signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia compt the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, Fl. 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, Fl. 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI  (City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at 1 signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiately the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)		of which foreign limited liability	(FEI number, if app	olicable)		
NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  NORTH MIAMI  (City)  (City	NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  NORTH MIAMI  (City)  (City	company is organized)	Ç	,,	,		
NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI  (City)  (City)  (City)  Popular address for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	NORTH MIAMI, FL 33181  (Street Address of Principal Office)  12550 BISCAYNE BLVD., STE 406  NORTH MIAMI, FL 33181  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  LAW OFFICE OF VALERIA SCHVARTZMAN P/  Office Address:  NORTH MIAMI  (City)  (City		(Date first transacted business in Flori	da, if prior to registration.)			
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Office Address:    12550 BISCAYNE BLVD., STE 406	Office Address:    12550 BISCAYNE BLVD., STE 406	Name:	LAW OFFICE OF VALERIA SCHVAF	RTZMAN PA	ri≺ mo		IT
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The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		gisterea agent ana to accept service of pr			capacity.	I fur
3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ALEXIS AGOPIAN, MANAGER	• ,	aving been named as re signated in this applica complywith the provisi	tion, I hereby accept the appointment as toons of all statutes relative to the proper at	and complete performance of m	y duties, a	nd I am j	jamii
ALEXIS AGOPIAN, MANAGER	ALEXIS AGOPIAN, MANAGER	aving been named as re signated in this applica complywith the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper at my position as registered agent.	nd complete performance of m	y duties, a	nd I am j	<sub>l</sub> amu
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Signature of an authorized person	arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unif the translator must be submitted)  Signature of an authorized person	aving been named as resignated in this applicated in this applicate complywith the provision rept the obligations of the capt.  The name, title or capt. LEXIS AGOPIAN, Management of the capt. Attached is a certificate risdiction under the law the translator must be seen as a capt.	ition, I hereby accept the appointment as one of all statutes relative to the proper at my position as registered agent.  (Registered agent acity and address of the person(s) who has ANAGER  of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)	and complete performance of me 's signature'  Thave authority to manage is/are ally authenticated by the official is in a foreign language, a trans	having cuation of the	stody of r	recore
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Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ENEPAKA 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 SIXTEENTH DAY OF MAY, A.D. 2016.

Authentication: 202326303

Date: 05-16-16