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CT

June 8, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10042117 SO

Customer Reference 1: 95

959100.00004

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

LATINAMOMS LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at $(850)\ 222-1092$.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com 16 III -8 AM 9: 1

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

N COMPLIANCE WITH SECT COMPANY TO TRANSACT BUS	TON 605.0902, FLORIDA STATUTES, THE FO SINESS INTHE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGISTER A PORCIO	0
LatinaMoms LLC			<u> </u>
(Name of Forei	gn Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")	_
n/a		to the state of th	clude "Limited
Liability Company," "L.L.C,"	emale name adopted for the purpose of trans or "LLC.")	acting business in Florida. The alternate name must in	3
2. Delaware	3	81-2846098	
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(PE) number, it applicable)	
upon qualification			
	(Date first transacted business in Flor (See sections 605.0004 & 605.0905, F.S.	ida, if prior to registration.) i. to determine penalty liability)	"
5. 2200 NW 2ND AVE.	•		ı
MIAMI, FL 33127			
	(Street Address of Principal	Office)	
6. 2200 NW 2ND AVE, S	UITE 207		
MIAMI, FL 33127			
	(Mailing Address)		vi
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	н
Name:	NRAI Services, Inc.		<i>.</i>
	1200 South Pine Island Road		2.
Office Address:	Plantation.	, Florida 33324	•
	(Cliy)	(Zip code)	√. 4
designated in this applicate to complywith the provision	gistered agent and to accept service of pi tion, i hereby accept the appointment as ons of all statutes relative to the propper a my position as registered agent.	rocess for the above stated limited liability compined stated agent and agree to act in this capacity and complete performance of my duties, and I and Angle	. I further opree
	(Régistered agen	('s vignature)	+ C-
8. The name, title or cape	icity and address of the person(s) who has	/have authority to manage is/are:	t Secretary
Salvo Group LLC, a Dela	ware limited liability company, Manager,	by Paul Suskey, Nicolas Chereque and Laurent	
Silva; Managers			
2200 NW 2	NDAVE SUITE ZO	7 MAM FL 3312	:7
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate	uly authenticated by the official having custody of is in a foreign language, a translation of the certif	records in the icate under oath
This document is executed	in accordance with section 605 0203 (1).	(h) Florida Statutes I am ambre that any false info	mation ·
submitted in a document to	the Department of State constitutes a thir	d degree felony as provided for in s.817.155, F.S.	164 164
	SALVO GROUP LLC, by Nicolas Cher	eque, Manager	i.

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LATINAMOMS 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 EIGHTH DAY OF JUNE, A.D. 2016.

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

15 HH -8 AM 9: 17

Jeffrey W. Budiock, Secretary of State

Authentication: 202451027

Date: 06-08-16

5903399 8300 SR# 20164354496