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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2016

JAIRO VARGAS 6355 NW 36 STREET, SUITE 401 MIAMI, FL 33166

SUBJECT: UNIKA INTERNATIONAL INVESTMENTS LLC

Ref. Number: W16000046057

We have received your document for UNIKA INTERNATIONAL INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 416A00013740

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18				
SUBJECT:	UNIKA INTERNA	TIONAL INVESTMENTS I	LLC			
		Name of I	imited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence of	concerning this matter to the	following:			
	JAIRO VARG	AS				
	***	Na	ame of Person			
	VARGAS & A	SSOCIATES INTERNATIO	NAL GROUP			
٠.		Fi	rm/Company	i	·	
	6355 NW 36 S	Γ SUITE 401				
			Address			
	MIAMI, FL. 33	1166				
		City/St	ate and Zip Code			
	jvargas l@gate.n	et				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	formation concerning	g this matter, please call:				
JAI	RO VARGAS		305	871-410	61	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce 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

`	eign Limited Liability Company; mu	ist include "Limited L	iability Company," "L.L.0	C.," or "LLC.")	
(If name unavailable, enter al Liability Company,""L.L.C.	ternate name adopted for the purpos	se of transacting busin	ess in Florida. The alterna	ate name must include	"Limited
DELAWARE	•	3. 81-1066012	!		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if appl	icable)	
4.					
4.	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior	to registration.)		
5. 6355 NW 36 ST SUIT		7.0703, 1 .D. to determin	ne penanty matrices		
MIAMI, FL. 33166					sares,
6. 6355 NW 36 ST SUITE	(Street Address of E 401	Principal Office)			
MIAMI, FL. 33166					garage relativ
	(Mailing	Address)		- 第 名 23	
7. Name and street addres	s of Florida registered agent: (P	O. Box NOT acce	ptable)	<u>ू</u> द्ध 10	
Name:	Jairo Vargas	3		STA F	
Office Address:	6355 NW 36 ST SUITE 401			Su RIDA	
	MIAMI		, Florida 33166(Zip co		
	(61)		, Triorida	de)	
Registered agent's accep-					
Having been named as redesignated in this applicate to complywith the provision accept the obligations of redesignations.	tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regist	tment as registered proper and completed with the proper and completed with the property of th	the above stated limited agent and agree to act te performance of my	d liability company a t in this capacity. I j	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of research. 8. The name, title or capa	tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	tment as registered proper and completed with the proper and completed with the property of th	the above stated limited agent and agree to act te performance of my	d liability company a t in this capacity. I j	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of research. 8. The name, title or capa JAIRO VARGAS	tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regist	tment as registered proper and completed with the proper and completed with the property of th	the above stated limited agent and agree to act te performance of my	d liability company a t in this capacity. I j	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of research. 8. The name, title or capa	tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regist	tment as registered proper and completed with the proper and completed with the property of th	the above stated limited agent and agree to act te performance of my	d liability company a t in this capacity. I j	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of red. 8. The name, title or capa JAIRO VARGAS MANAGER 9. Attached is a certificate	tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regist acity and address of the person(s) of existence, no more than 90 da of which it is organized. (If the c	tment as registered proper and complete proper	the above stated limited agent and agree to act the performance of my control to manage is/are:	d liability company of in this capacity. If duties, and I am fan	further agree miliar with and

Typed or printed name of signee

JAIRO VARGAS

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIKA INTERNATIONAL INVESTMENTS 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 TWENTY-SECOND DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIKA INTERNATIONAL INVESTMENTS LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 202704192

Date: 07-22-16

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