Harids Department of State
Divitor of to porator
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002231143)))



H180002231143ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

≱ax Number

: (850)617-6383

From:

Account Name : J L HOPMANN & ASSOCIATES, P.A.

Account Number : T19990000022 Phone : (305)666-0024 Fax Number : (305)666-0028

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Usva Djhcpa.com

Foreign Limited Liability Company

Emerge Americas Partners LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

K. SALY EXAMINER

SEP - 9

1 of 2

3 (

i c

9/8/2016 10:56 AM

## H16000223114 3

## 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:

| Enterge Americas Partne  |   |   |  |
|--|---|---|--|
| (Name of Forci   | in Cimited Liability Company; must  | include "Limited Liability Company." "L.L.C.," or "LLC  | :")  |
| ability Company," "L.L.C,"   | ornate name adopted for the purpose of "LLC.")  | of transacting business in Florida. The alternate name are  | ist include "Limited                         |
| Delaware   |   | 3, 81-0701428   |  |
| (Jurisdiction under the law company is organized)                                  | I which foreign limited liability   | (FEI number, if applicable)   |  |
|  | Onto first temperated buriness  | s in Florida If actor to constrution  |  |
|  |   | s in Florida, if prior to registration.)<br>1903, F.S. to determine penalty liability)  |  |
| 2333 Ponce De Leon B   | Ivd, Suite 900  |   | 70<br>17                                     |
| Coral Gables, FL 33134   |   |   | 2016 SEP                                     |
|  | (Street Address of Pr   | rincipal Office)  | 主流 号   |
| 2333 Ponce De Leon Bl  | vd. Suite 900   |   | 155 A  |
| Coral Gables, FL 33134   | <b>!</b>  |   | Ĕ-   |
|  | (Mailing A  | (ddress)  |  |
| Mana and closes address  | s of Florida registered agent; (P.C   | O Box NOT secuniumle)   | 1 S 1 9                                      |
| Name:  | United States Registered Agents   | <del>_</del> · · ·  | 9: 03  |
| Office Address:  | 420 S. Dixie Highway, Suite 4B  | <u> </u>  | T.,  |
| Office Address.  | Coral Gables  | , Florida 33146   |  |
|  | (City)  | (Zip code)  |  |
| lesignated in this applicat<br>o complywith the provisio                           | gistered agent and to accept servi<br>ion, I hereby accept the appoint<br>ins of all statutes relative to the p<br>up position as registered agent. | lice of process for the above Stated limited liability ment as registered agent and agree to act in this caproper and complate performance of my duties, an even agont a signature) | pacity. I further agree                      |
|  |   | - " '   |  |
| •  | •   | who has/have authority to manage is/are:  |  |
| 3merge Manager Inc. (Ma  | innging Member) - 2333 Ponce D  | De Leon Blvd, Suite 900, Coral Gables, FL 33134   |  |
|  |   |   |  |
| <del></del>  |   |   | <del></del>                                  |
|  |   |   | <b>_</b> _                                   |
| . Attached is a certificate unisdiction under the law of the translator must be st | of which it is organized. (If the ce  | ys old, duly authenticated by the official having cust of the string is a foreign language, a translation of the  | ody of records in the certificate under oath |
|  | Signature   | of an authorized person   |  |
| de la coment is executed<br>de la manucada e ni bomitted                           | the Department of State constitut   | 1203 (1) (b), Florida Smittes. I am aware that any falter a third degree felony as provided for in s.817.15.  | se information<br>5, F.S.                    |
|  |   | cincol nakis of signes  |  |

H16000223114 3



Page 1

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

DELAWARE, DO HEREBY CERTIFY "EMERGE AMERICAS PARTNERS, 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 SECOND DAY OF SEPTEMBER, A.D. 2016.

2016 SEP -8 AM 9: 03

5881525 8300

SR# 20165641736

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

Larding W. Diddress, Sourcelory of Space

Authentication: 202932486

Date: 09-02-16

H16000223143