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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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October 21, 2016

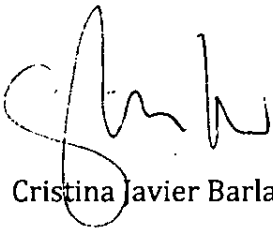
To Whom It May Concern:

This letter is a request for us to register new business in Florida. Please see attached application and cover letter. Could you please send them to me as soon is possible?

Included please find the return envelope with UPS ready label for your convenient.

Please contact Izabella Gluchowski in case you have any questions at (727) 201-2832 ext 207.

Thank you,

A handwritten signature in black ink, appearing to read 'Cristina', with a stylized flourish at the end.

Cristina Javier Barlaan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIER CARE LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CRISTINA JAVIER BARLAAN
Name of Person

AVIER CARE LLC
Firm/Company

250 COREY AVE, SUITE 66176
Address

ST PETE BEACH, FL 33736
City/State and Zip Code

SPEED0408 @YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA BARLAAN at (484) 632-9949
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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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:

1. AVIER CARE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 81-4228914
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 250 COREY AVE, SUITE 66176
ST PETE BEACH, FL 33736
(Street Address of Principal Office)

6. 250 COREY AVE SUITE 66176
ST PETE BEACH, FL 33736
(Mailing Address)

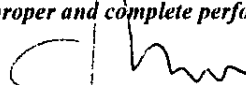
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CRISTINA JAVIER BARLAAN
Office Address: 319 39TH AVENUE N
ST PETERSBURG, FL 3, Florida 33703
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.




(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CRISTINA JAVIER BARLAAN - MANAGER
319 39TH AVENUE N
ST PETERSBURG, FL 33703

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CRISTINA JAVIER BARLAAN
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 "AVIER CARE 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-SIXTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVIER CARE LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2016.


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SECRETARY OF STATE
DELAWARE, FLORIDA



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SR# 20166371568

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203229374

Date: 10-26-16