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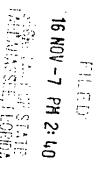
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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	; ° CO	VER LETTER		
TO: Registration Section Division of Corporation	ıs		er L	
Santo Financial, LLC				
SUBJECT:	Name of	Limited Liability	Company	
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp d to register the above refere	pany for Authorizenced foreign lin	zation to Transact Business in Flo nited liability company to transact	rida," Certificate of business in Florid
Please return all correspondence c	oncerning this matter to the	following:		
Eva Maria Gon	zalez			
	N	ame of Person		
Bulltick Financ	ial Services, LLC			
	Fi	irm/Company		_
701 Brickell As	venue, Suite 2550			
- Tot Blickell As		Address		
	•	Addiess		
Miami/Florida ————————————————————————————————————		·		
	•	tate and Zip Coc	le	
egonzalez@bullt				
	E-mail address: (to be used	d for future annu	ial report notification)	
For further information concerning	g this matter, please call:			
Eva Maria Gonzalez		305 at (722-5018	
Name o	of Contact Person	Area Coo	de Daytime Telephone Num	ber
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 follow ■ \$125.00 Filing Fee	ving amount: \$\Bigsim \$\sum \$	□ \$155.00 Fi Certified Cop		

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. Santo Financial, LLC (Name of Fore	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	"or"[1C"]
(Name of Fore	ingle island blading company, must metade islanding company, in E.E.C.	. or alle.)
(If name unavailable, enter all Liability Company." "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alternate or "LLC.")	name must include "Limited
2. Delaware	3. 30-0954587	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applic	able)
4.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 701 Brickell Avenue, S	• • •	
Miami, FL 33131		
	(Street Address of Principal Office)	——————————————————————————————————————
6. 701 Brickell Avenue, S	te. 2550	— ഉള്ള ക — ഉള്ള ക
Miami, FL 33131		
	(Mailing Address)	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	National Registered Agents, Inc	15 2:
Office Address:	1200 South Pine Island Road	5 6
	Plantation , Florida 33324	
Registered agent's accept	(City) (Zip code)
Having been named as req designated in this applicat to complywith the provision	gistered agent and to accept service of process for the above stated limited a tion, I hereby accept the appointment as registered agent and agree to act it ons of all statutes relative to the proper and complete performance of my di ny position as registered agent.	n this capacity. I further agree
	Jenuary Jenifer Vincent Vice President & Assistant Secretary	
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:	
Adolfo del Cueto, Managi	ng Director	
701 Brickell Ave., Ste 255	50	
Miami, FL 33131		
9. Attached is a certificate jurisdiction under the law cof the translator must be su	of existence, no more than 90 days old, duly authenticated by the official have of which it is organized. (If the certificate is in a foreign language, a translation in the certificate is in a foreign language.)	ring custody of records in the on of the certificate under oath
	Signature of an authorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felony as provided for in s.	t any false information .817.155, F.S.
	Adolfo del Cueto	·

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SANTO FINANCIAL, 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 NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANTO FINANCIAL, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2016.

16 NOV -7 PH 2: 40 SEGNET AND OF STATE



Authentication: 203265079

Date: 11-02-16

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SR# 20166450523