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COVER LETTER

SUBJECT:	dibon USA, LLC					
SUBJECT:		Name of	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refer				
Please return al	l correspondence c	oncerning this matter to the	following:			
	Orlando Gamar	ra Jr., CPA				
	· · · · · · · · · · · · · · · · · · ·	N	ame of Person			
	Sanson Kline Jacomino Tandoc & Gamarra, LLP					
	Firm/Company					- FASE
	5805 Blue Lagoon Dr Ste 220					8 A
			Address			ASSI
	Miami, FL 331	26				16 NOV 14 PM 4: 21
		City/S	itate and Zip Code			F. OK
	reliableregistry@					2
		E-mail address: (to be use	d for future annual	report not	ification)	•
For further info	rmation concerning	g this matter, please call:				
Orland	do Gamarra Jr. CP	A	305 at (269-86.	33	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section Sox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding reutive Center Circle ree, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount: \$\Bigsigmu \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co	

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

IN COMPILANCE WITH SECTION 605 0902, FEORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FEORIDA:

1. Edibon USA, LLC (Name of Fore	ign Limited Liability Company, mus	st include "Limited Lia	ability Company," "L.L.C.," or "Ll	i.C ")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose for "LLC")	of transacting busine	ss in Florida. The alternate name r	nust include "Limited
2. Georgia		3. 27-1184917		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4.	77.			
5. 5805 Blue Lagoon Dr	(Date first transacted busines (See sections 605 0904 & 605) Ste 220	ss in Florida, if prior t 0905, F.S. to determin	o registration) ne penalty liability)	ن المسمد
Miami, FL 33126				5
6. 5805 Blue Lagoon Dr S	(Street Address of P	rincipal Office)		16 NOV 14 PM 4: 21
Miami, FL 33126				2
	(Mailing A	Address)		3
7. Name and street address	s of Florida registered agent: (P.)	O. Box NOT accep	table)	PH 4: 21
Name:	Reliable Registry Services, Inc		_	
Office Address:	20533 BISCAYNE BLVD STE	4908		
	Aventura		Florida	
Registered agent's accep-	(City)		(Zip code)	
Having been named as re designated in this applica- to complywith the provision	gistered agent and to accept servion, I hereby accept the appoint ons of all statutes relative to the payens, and all statutes relative to the payens.	ment as registered	agent and agree to act in this c e performance of my duties, a	apacity. I further agree
8. The name, title or capa	ucity and address of the person(s)	who has/have author	rity to manage is/are:	
Elias Bonilla Bluzquez, C	EO, 5805 Blue Lagoon Drive Sui	ite <mark>22</mark> 0, Miami, FL :	33126	
		ertificate is in a fore	ign language, a translation of the	
	Signature	of an authorized perso	on l	
	in accordance with section 605.0 the Department of State constitu			

Typed or printed name of signee

Elias Bonilla Blazquez

Control Number: 09027409

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

EDIBON-USA, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

iled : 04/16/2009 : Georgia : 11/07/2016 : 211

13560934

Form Number



B: ILL Brian P. Kemp Secretary of State