## MIL 000009660

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2016

SUSAN CHEMEN 20225 NE 34TH ST STE 2316 AVENTURA, FL 33180

SUBJECT: MTO GROUP LLC Ref. Number: W16000077916



We have received your document for MTO GROUP LLC and your check  $(\overline{s})$  totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Supervisor Registration/Qualification Section

Letter Number: 216A00024760

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

(Name of Forei)	gn Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.,	" or "LLC.")
'name unavailable, enter alte abifity Company," "L.L.C,"	ernate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternate	name must include "Limite
State of Delaware	3 81-359	6934	
Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applica	ible)
August 2016			
······································	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.)	
21055 YACHT CLUB		Actimite penalty nationary)	
Aventura, FL. 33180			
0	(Street Address of Principal Office)		
SAME			ARE C.
			SSS -
	(Mailing Address)		
Name and street address	of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	Jorge Emilio Garcia Nani		
Office Address:	21055 YACHT CLUB DR APT 1810		2
office Address.	Aventura	, Florida <u>33180</u>	
	(City)	, riorida (Zin code)	
		(·•·}· •··,	

Member JORGE E. - GORCIA NAWI - PARTNER. DMBR. 21055 YACHT ELUB Dr. MPT 1810 DNENTURA-FI-33180

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)

Eing	
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.

Jorge Emilio Garcia Nani

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MTO GROUP 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MTO GROUP LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2016.

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



ch, Secretary effrey W. Bull of State

Authentication: 203252817

Date: 10-31-16

Page 1

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SR# 20166427175 You may verify this certificate online at corp.delaware.gov/authver.shtml