Florida Department of State

Division of Corporations 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.

(((H17000026058 3)))



H170000260583ABC\$

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

Fax Number : (850) 617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : I20140000084

Phone : (305)541-3980 Fax Number : (305)541-7033

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

Email Address:

Foreign Limited Liability Company AMALGAM LLC

a force and common pressure the control	
Certificate of Status	U
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JAN 3 0 2017

H17000026058 3

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AMALGAM LLC					
(Name of Fore	eign Limited Liability Company; must melude "Limited Lie	ability Company,""L.L.C.," or "	LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C,	thermate name adopted for the purpose of transacting busine	es in Florida. The alternate name	must include	"L'imite	d.
2 DELAWARE	1				
	of which foreign limited liability	(FEI number, if applicable)			
4					
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to determine	o registration.) ne penulty liability)			
5. 3111 N UNIVERSITY	Y DR STE 105				
CORAL SPRINGS, FI	L 33065				
	(Street Address of Principal Office)				
6. 3111 N UNIVERSITY	DR STE 105				
CORAL SPRINGS, FI	L 33065				
	(Mailing Address)		40.0		
7. Name and street address	ss of Fiorida registered agent: (P.O. Box NOT accept	nable)		7 .	
Name:	ACCOUNTANT & MANAGEMENT INC	<u> </u>	15.	Ji N	
Office Address:	1549 NE 123RD ST	_	Ŝ	2	
	NORTH MIAMI	, Florida 33161	ří:	***	:
Registered agent's accep	(City)	(Zip code)		Ī	ţħ.
Having been named as re designated in this applica to complywith the provisi	registered agent and to accept service of process for ti- ution, I hereby accept the appointment as registered ions of all statutes relative to the proper and complet my position as registered agent. MA!	agent and agree to act in this	сирасиу, г	<i>унутучег</i>	agree
	(Registered agent's signature)			
9 The name title or cars	acity and address of the person(s) who has/have autho	ority to manage is/are:			
	AMUCHASTEGUI MAYORAL, 2) TOMAS SANT				
	SLEGUI MAYORAL, AND 4) JOSE TEDIN. ALL				
	III N UNIVERSITY DR STE 105 CORAL SPRING				
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly authent of which it is organized. (If the certificate is in a fore abmitted)	icated by the official having of	custody of re the certifica	eords in te under	the oath
	Signature of an authorized pers	on	-		
This document is executed	in accordance with section 605.0203 (1) (b), Florida othe Department of State constitutes a third degree fe	Statutes, I am aware that any	false infom	ation	
submitted in a document to	GONZALO MARTIN AMUCHASTEGUI MAYO	RAL	_		
•	Typed or printed name of signed	· · · · · · · · · · · · · · · · · · ·	_		

H17000026058 3

H17000026058 3

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AMALGAM 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 THIRTEENTH DAY OF JANUARY, A.D. 2017.

5618220 8300 SR# 20170229630

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

Jaffrey W. Bulliber, Socretary of State

Authentication: 201871546

Date: 01-13-17