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IV JAN 30 AM 7: 36 SECRETARY OF STATE ALLAHASSEE, FLORID,

COVER LETTER

*,,,	on of Corporation	ns		
SUBJECT: _	Agito	Consulting,	LLC	
	J	Name of	Limited Liability Comp	any
				o Transact Business in Florida," Certificate of ability company to transact business in Florid
Please return al	ll correspondence o	concerning this matter to the	following:	
		Patricia T	irado	
		N	ame of Person	
		Agito Cons	ulting, LL	_C
			• •	
	2	5. Biscayne	Blvd., Address	Suite 32127
		liami, FL.	33131 tate and Zip Code	
		patriciat E-mill address: (to be use	iradol@g d for future annual repo	moil com
For further info	ormation concernin	g this matter, please call:		
· ·	Patricia Name o	Tivado	at (812)	618 - 7658 Daytime Telephone Number
MATT				
Divisi Regist P.O. B	LING ADDRESS: ton of Corporations tration Section Box 6327 massee, FL 32314		Divi Regi Clift 266	REET ADDRESS: sion of Corporations istration Section ton Building I Executive Center Circle ahassee, FL 32301
	heck for the follow 25.00 Filing Fee	ring amount: \$\Bigsim \frac{1}{2} 1	☐ \$155.00 Filing Fee Certified Copy	e & X\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS INTER STATE OF FLORIDA:

1. AGITO CONSULTING, 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	ne must ir	ıclude "	Limited
Liability Company," "L.L.C," or "LLC.")			
2. INDIANA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-0760 959 (FEI number, if applicable)			
4. Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_		
5. 2 S. Biscayne Blvd. Suite 32127	-		
Miami, FL 33131			
(Street Address of Principal Office)	- 3> -25		
6. 2 S. Biscoyne Blvd. Suite 32127	-Éğ	17	
Miami, FL. 33131			• •
Mailing Address)	-35	3	All modes
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	333		1334-46
	77		Turke
	980	7	
Office Address: 7455 Collins Ave, Suite 209			
Hiami Beach, Florida 33/4/ (City), Florida (Zip code)	هيد		
(City) (Zip code)	_		
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabi designated in this application, I hereby accept the appointment as registered agent and agree to act in thi to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent.	is capaci	ity. I fi	urther agree
(Registored agent's signature)	-		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
	-		
Patricia Tirado, President, 141 NW 18874 AVE			
Pembroke Pines, FL 33029		_	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having a jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted) Continue of the certificate of existence, no more than 90 days old, duly authenticated by the official having of the translator must be submitted) Continue of the certificate of existence, no more than 90 days old, duly authenticated by the official having of the certificate is in a foreign language, a translation of the translator must be submitted)	custody of the cert	of reco ificate	rds in the under oath
Signature of an authorized person			
This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.	false inf 155, F.S	formati 5.	ion

Patricia Tirado
Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

AGITO CONSULTING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 10, 2012, and was in existence or authorized to transact business in the State of Indiana on January 26, 2017.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 26, 2017

Corrie Hauson

CONNIE LAWSON
SECRETARY OF STATE

2012081400110 / 2017204833

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate