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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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I. HARRIS

COVER LETTER

TO:		ration Section ` n of Corporation	, S								
SUBJE	ECT:	RODRIGUEZ DAVILA INVESTMENTS, LLC									
30001		Name of Limited Liability Company									
Th	.1 1 11 4	e e le						a .:c			
							insact Business in Florida," or company to transact busine				
Please	return all	correspondence c	oncerning this matter to the	follov	ving:						
		BARRY L. SI	MONS								
	LAW OFFICE OF BARRY L. SIMONS										
		9100 S. DAD	ELAND BLVD. , SUITE 4	00							
				Add	lress						
		MIAMI, FLOR	IDA 33156								
		City/State and Zip Code									
		barry@barrysimons.com									
	E-mail address: (to be used for future annual report notification)										
For fur	ther infor	mation concerning	g this matter, please call:								
	Barry L. Simions			at (305	670-70	20				
		Name o	f Contact Person	(Area Code	Day	rtime Telephone Number				
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						
Enclos		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status		\$155.00 Filin rtified Copy	ig Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop				

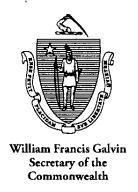
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RODRIGUEZ DAVII		•		271107.400	215	
(Name of Fore	eign Limited Liadi	lity Company; must include "	Limited Liability Compa	any," L.L.C., or "LLC	.")	
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adop	oted for the purpose of transac	ting business in Florida.	. The alternate name mus	st include "Limi	ted
2. MASSACHUSETTS		3				
(Jurisdiction under the law company is organized)	· ·	imited liability	(FEI nun	nber, if applicable)		
4. DATE OF REGISTRA						
	(Date firs (See section	t transacted business in Florid s 605.0904 & 605.0905, F.S.	la, if prior to registration to determine penalty lia	ı.) bility)		
5. LAW OFFICE OF BA						
9100 S. DADELAND		SUITE 400, MIAMI, FL 3			17 F	2提 20
	·	Street Address of Principal O	ffice)		(2	
6. LAW OFFICE OF BA	RRY L. SIMON	IS			21	352
9100 S. DADELAND	BOULEVARD,	SUITE 400, MIAMI, FL 3	3156		P#	0.00 0.00 0.00
· · · · · · · · · · · · · · · · · · ·		(Mailing Address)				7.50 7.50 7.50
7. Name and street address	ss of Florida regi	stered agent: (P.O. Box N	VOT acceptable)		2: 49	
Name:	Barry L. Simo	ons	<u>.</u>			. ,
Office Address:	9100 S. Dadel	and Boulevard, Suite 400				
	Miami		, Florida	33156		
		(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip code)		
designated in this applica	tion, I hereby ac ons of all statute	nd to accept service of pro ecept the appointment as r es relative to the proper an egistered agent.	egistered agent and a	gree to act in this cap	pacity. I furth	er agree
	•	Registered agent'	s signature)			
8. The name, title or cana	acity and address	of the person(s) who has/t	nave authority to mana	age is/are:		
Authorized Representative	-		involutionity to man	45c 13/ ti. c.		
	-					

	of which it is org	more than 90 days old, du ganized. (If the certificate is				
		Signature of an author	orized person			
		with sec tion 605.0203 (1) (b of State constitutes a third				
	Barry L. Simo	ons				

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

February 7, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

RODRIGUEZ DAVILA INVESTMENTS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **November 9, 2012.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: MARIA GABRIELA DAVILA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MARIA GABRIELA DAVILA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MARIA GABRIELA DAVILA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travino Galecin