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COVER LETTER

TÖ:

	Registration Section Division of Corporations	s			
SUBJEC"	GRANIER USA LLO	-			
SOBJEC		Name of I	imited Liability (lompany	
The enclo. Existence.	sed "Application by Fore , and check are submitted	rign Limited Liability Comp. I to register the above refere	any for Authoriza need foreign limit	tion to Transact Business in Florida, ed liability company to transact busi	" Certificate of ness in Florida.
Please reti	urn all correspondence co	oncerning this matter to the I	following:		
	JOSEPH C. WA	SCH, ESQ.			
		Na	me of Person		-
	WASCH RAINI	ES LLP			
		Fir	rm/Company		•
	2500 N. MILITA	ARY TRAIL, SUITE 465			
	 		Address		
	BOCA RATON	, FL 33431			
		City/St	ate and Zip Code		-
	JWASCH@WAS	CHRAINES.COM			
	-	E-mail address: (to be used	for future annual	report notification)	•
For furthe	r information concerning	this matter, please call:			
	JOSEPH C. WASCH		561 _at (693-3231	
-	Name of	Contact Person	Area Code	Daytime Telephone Number	· , 1
I - -	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301	FILED PA
	is a check for the followi \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee & S160.00 Filing Fee, Coof Status & Certified Co	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

(Name of Foreign					
	Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or "LL	C.")		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business is	n Florida. The alternate name miss include "Limited	f Liability Company," "L.L.C," or "LLC.")		
DELAWARE		3			
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(FEI	number, if applicable)		
ł					
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de				
5. 18230 COLLINS AVENUE (Street Address of Principal Office)		6. 18230 COLLINS AVE	NUE		
SUNNY ISLES BEACH, FL 33160		=	SUNNY ISLES BEACH, FL 33160		
7. Name and street addres	ss of Florida registered agent: (P.O. I	Box NOT acceptable)			
Name:	ADAM G. WASCH				
	2500 N. MILITARY TRAIL, SUIT				
Office Address:					
	BOCA RATON (City)	, Florida 33431 (Z)	n anda)		
Registered agent's accep		10-1	, 1000,		
io compiy with the provisi		ner and campiete pertarmance at .	my duties, and Lam familiar with		
	s of my position as registered agent.		my duties, and I am familiar with		
	s of my position as registered agent.		my duties, and I am familiar with		
and accept the obligation	s of my position as registered agent. (Registered age	ent's signature)			
and accept the obligation	s of my position as registered agent.	ent's signature)			
and accept the obligation 8. The name, title or cap:	s of my position as registered agent. (Registered agent) (Registered agent) (Registered agent) (Registered agent)	o has/have authority to manage is/ar Title or Capacity:	re:		
8. The name, title or caps	(Registered agent. (Registered agent.) acity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J 18230 COLLINS AVENU	o has/have authority to manage is/ar Title or Capacity: IMENEZ JE	re:		
8. The name, title or caps	(Registered agent. (Registered agent) acity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J	o has/have authority to manage is/ar Title or Capacity: IMENEZ JE	Name and Address:		
8. The name, title or caps	Registered agent. (Registered agent. (Registered agent. acity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J 18230 COLLINS AVENU SUNNY ISLES BEACH,	o has/have authority to manage is/ar Title or Capacity: IMENEZ JE FL 33160	re:		
8. The name, title or cap: Title or Capacity: MANAGER	geity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J 18230 COLLINS AVENU NUMBER OF THE PROPERTY OF T	ont's signature) o has/have authority to manage is/ar Title or Capacity: IMENEZ JE FL 3360 JE	Name and Address:		
8. The name, title or cape Title or Capacity: MANAGER AUTHORIZED SIG	geity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J 18230 COLLINS AVENU SUNNY ISLES BEACH, N JUAN PAZOS ROMERO 18230 COLLINS AVENU SUNNY ISLES BEACH,	ont's signature) o has/have authority to manage is/ar Title or Capacity: IMENEZ JE FL 3360 JE	Name and Address:		
8. The name, title or cape Title or Capacity: MANAGER AUTHORIZED SIG	geity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J 18230 COLLINS AVENU SUNNY ISLES BEACH, N JUAN PAZOS ROMERO 18230 COLLINS AVENU SUNNY ISLES BEACH,	ont's signature) o has/have authority to manage is/ar Title or Capacity: IMENEZ JE FL 3360 JE	Name and Address:		
8. The name, title or cape Title or Capacity: MANAGER AUTHORIZED SIG (Use attachments if neces)	acity and address of the person(s) who Name and Address: JUAN PEDRO CONDE J 18230 COLLINS AVENU SUNNY ISLES BEACH, M. JUAN PAZOS ROMERO 18230 COLLINS AVENU SUNNY ISLES BEACH, Sary) of existence, no more than 90 days of which it is organized. (If the certif	ont's signature) o has/have authority to manage is/ar Title or Capacity: IMENEZ JE FL 33160 JE FI. 33160 old, duly authenticated by the official	Name and Address:		

Typed or printed name of signee

JOSEPH C. WASCH



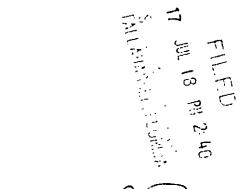
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRANIER USA 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 JUNE, A.D. 2017.



Jeffrey W. Budlock, Secretary of State

Authentication: 202703126

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SR# 20174132773

Date: 06-13-17