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Division of Corporations

Fax Number : (850)617-6383

Fion:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 : (302)645-1280 Fax Number

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

Email Address: veronica.mellino@yahoo.com

Foreign Limited Liability Company Juan Antonio Stables LLC

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

IN COMPILANCE WITH SECTION 695,0002, FLORIDA STATUTES THE FOLLOWING IS SCHMITTED TO REGISTER A FOREX IN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. Juan Antonio Stables LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L U.C.," or "LEC.") Of name unavailable, onto alternate name adopted for the purpose of transacting business in Ffords. The afternate name must include "Limited Labelity Company," "L. I. C.," in "LLC "I 3, \$2-2888108 (FEI murcher, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, (Eprint to registration.) (See sections 605 0904 & 605 0905, F.S. to determine peoply, liability) (Mail og Address) (Super Address of Principal Office) 1945 S. Ocean Drive, Apr. 508 1945 S. Ocean Drive, Apt. 508 Hallandale, FL 33009 Hallandale, FL 33009 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veronica Andrea Mellino Name: 1945 S. Ocean Drive, Apt. 508 Office Address: Hallandale Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Regratered agent's signature 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Title or Capacity: Name and Address: Title or Capacity: Veronica Andrea Mellino AMBR 1945 S. Ocean Drive Apt 508 Hallandale, FI, 33009 (tise attachments if necessary) 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) 10. 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. Signamer of meauthorized person Veronica Andrea Mellino

Typed or printed rame of signee



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERESY CERTIFY "JUAN ANTONIO STABLES LIC" 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2017.

Authentication: 203273535

Date: 09-22-17

6551473 8300 SR# 20176276276

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