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PICK-UP	☐ WAIT	MAIL
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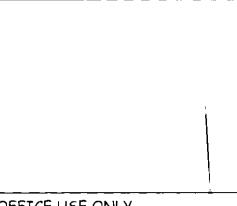
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000



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ENTITY NAME:

EAC US LLC

... CH# 7758 FOR \$155.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

__ STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EAC US LLC	
SUBJECT:	nited Liability Company
	y for Authorization to Transact Business in Florida," Certificate of ed foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the fol	lowing:
Oscar I. Alfonso	
Name	e of Person
Oscar I. Alfonso & As	sociates, P.A.
Firm	/Company
1000 Brickell Ave., St	te. 410
A	ddress
Miami, FL 33131	· ·
City/State	and Zip Code
oscar@oialaw.com	
E-mail address: (to be used for	305 376-0700
For further information concerning this matter, please call:	Sign of the state
Oscar I. Alfonso	(305) 376-0700 💆 S
Name of Contact Person	Area Code Daytime 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
	■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(It name unavailable, enter alteriate i	name adopted for the purpose of transacting business in	Plotida. The alternate name must include "United Lability Compan	Ŋ."."L.L.C," or "LLC.")
2. Delaware		3 38-4045642	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, it applied	blej
4. N/A			
	(Date first transacted bismess in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	e to registration.) emine negativ liability)	
1111 Brickell Avenu		6. 1111 Brickell Avenue	
(Street Address of	Principal Office)	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Suite 1100		Suite 1100	
Miami, FL 33131		Miami, FL 33131	
7. Name and street address	ss of Florida registered agent: (P.O. B	tox NOT acceptable)	
Name:	Oscar I. Alfonso & Associates,	P.A	
Office Address:	1000 Brickell Ave., Ste. 410		
	Minmi	22424	
	Miami	Florida 33131	:, =
ind accept the obligation.	s of my position as registered agent.	per and complete performance of my duties, an	
8. The name, title or caps	(Registered agent	has/have authority to manage is/are:	
8. The name, title or caps Title or Capacity:	(Registered agent recity and address of the person(s) who	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or caps	(Registered agent	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or caps Title or Capacity:	(Registered agent) (Registered a	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or caps Title or Cupacity:	Registered agent (Registered agent etity and address of the person(s) who Name and Address: Edgar M. Mendez Monto	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or caps Title or Capacity:	Registered agent (Registered agent etity and address of the person(s) who Name and Address: Edgar M. Mendez Monto	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or caps Title or Capacity:	Registered agent (Registered agent etity and address of the person(s) who Name and Address: Edgar M. Mendez Monto	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or cap: Title or Cupacity: Manager	(Registered agent) (Registered a	has/have authority to manage is/are: Title or Capacity: Name	EN 4:07
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces). Attached is a certificate	(Registered agent) (Agent) Standard Address: Edgar M. Mendez Monto (111 Birchell Are. Sta. 1100 (Morra, FL 33131) Sary) of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are: Title or Capacity: Name	and Address:
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces). Attached is a certificate urisdiction under the law	(Registered agent) (Agent) Standard Address: Edgar M. Mendez Monto (111 Birchell Are. Sta. 1100 (Morra, FL 33131) Sary) of existence, no more than 90 days old of which it is organized. (If the certific	thas/have authority to manage is/are: Title or Capacity: Name is a distribution of the strength of the stren	and Address:
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces) Attached is a certificate urisdiction under the law of the translator must be so	Registered agent (Registered agent) Registered agent (Registered agent) Registered agent (Registered agent) Registered agent (Registered agent) Name and Address: Edgar M. Mendez Monto 1111 Brickell Ave., Sta., 1100 Moore, Ft. 33131 sary) of existence, no more than 90 days old of which it is organized. (If the certific abmitted) Signate (Registered agent)	thas/have authority to manage is/are: Title or Capacity: Name of the state of the official having customers in a foreign language, a translation of the state o	and Address: ody of records in the certificate under oath
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces) Attached is a certificate urisdiction under the law of the translator must be so	Registered agent (Registered agent) Registered agent (Registered agent) Registered agent (Registered agent) Registered agent (Registered agent) Name and Address: Edgar M. Mendez Monto 1111 Brickell Ave., Sta., 1100 Moore, Ft. 33131 sary) of existence, no more than 90 days old of which it is organized. (If the certific abmitted) Signate (Registered agent)	thas/have authority to manage is/are: Title or Capacity: Name of the distribution of the distribution of the manage is/are: Name of the distribution of the distribution of the management of the distribution of the management of the distribution of the distribution of the management of the distribution	and Address: ody of records in the certificate under oath

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "EAC US LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF JULY,
A.D. 2017, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

BEEN ASSESSED TO DATE.

Authentication: 203354341

Date: 10-06-17

6481377 8315 SR# 20176500024

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