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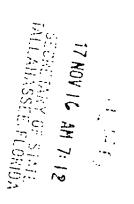
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2017

MICHAEL BARRENECHE 1200 BRICKELL AVE STE 500 MIAMI, FL 33131

SUBJECT: FASTFLIP LLC Ref. Number: W17000085845

We have received your document for FASTFLIP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 017A00021673

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Mr. Shivers

Attached please find certificate requested above. Respectfully,

M. Warrenederww.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

	, ,	., cov	VER LETTER			
	ion Section of Corporation	s				
	FFLIP LC					
SUBJECT:			Limited Liability (Company		
The enclosed "App Existence, and che	olication by Fore ck are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza enced foreign limit	ition to Tra ted liability	ensact Business in Florida," C company to transact busines	lertificate of ss in Florida.
Please return all co	orrespondence c	oncerning this matter to the	following:			
;	MICHAEL BAI	RRENECHE				
-		Na Na	ame of Person			
	I MICHAEL BA	ARRENECHE PA				
-	_ 	Fi	rm/Company			
	1200 BRICKEL	LAVE STE 500				
-			Address	_		
:	MIAMI, FL 331	131				
-	· · · · · · · · · · · · · · · · · · ·	City/St	ate and Zip Code			
JN	MICHAELBAR	REN@GMAIL.COM				
_		E-mail address: (to be used	for future annual	report not	ification)	
For further informa	ation concerning	g this matter, please call:				
MICHAEL BARRENECHE			786			
	Name of	f Contact Person	Area Code	Day	time Telephone Number	
Division o Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check	k for the followi O Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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

IN COMPILANCE WITH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	eign Limited Liability Company; must include "Limi	ited Liability Comp	oany," "L L.C ," or "LLC.")		
(If name unavailable, enter alterr	nate name adopted for the purpose of transacting business in F		name must include "Limited Lia 096484	bility Company," "L. L. C," or "LLC.")	
(Jurisdiction under the law	of which foreign limited liability company is organized)	s	(FEI numi	per, if applicable)	
10/16/17					
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration)	 		
5. 1200 BRICKELL			BRICKELAVE STE	500	
(Street Addres MIAML FL 33131	s of Principal Office)		(Mailing Add ML, FL 33131	ress)	
					
7. Name and street ad	dress of Florida registered agent: (P.O. Bo	ox <u>NOT</u> accept	able)		
Name:	J MICHAEL BARRENECHE PA		_		
Office Addres	ss: 1200 BRICKELLAVE STE 500		_		
	MIAMI		. Florida 33131		
	(Cuy)		Zip cod	c)	
	J MICHAEL BARRENECHE				
	(Registered agent	's signature)			
8. The name, title or o	capacity and address of the person(s) who l Name and Address:		ity to manage is/are: Capacity:	Name and Address:	
MEMBER	ARIANNA INSENGA		 _	2 2 € 2 €	
	360 Harbor Drive			- 	
	Key Biscayne, FI. 33149	_			
				100 m	
					
		<u></u>		222.79	
	reessary)			200	
(Use attachments if no	.comary,				
9. Attached is a certific jurisdiction under the I	cate of existence, no more than 90 days old aw of which it is organized. (If the certification)	l, duly authentic ate is in a foreig	cated by the official hag gn language, a translat	iving custody of records in the ion of the certificate under oath	
9. Attached is a certific jurisdiction under the I of the translator must be	cate of existence, no more than 90 days old aw of which it is organized. (If the certificate submitted)	ate is in a foreig	gn language, a translat	ion of the certificate under oath	
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 Attached is a certification under the I of the translator must be This document is expression. 	cate of existence, no more than 90 days old aw of which it is organized. (If the certificate submitted) executed in accordance with segron 605.02	ate is in a foreig	gn language, a translat ida Statutes. I am awar	ion of the certificate under oath	
 Attached is a certification under the last the translator must be translator. 	cate of existence, no more than 90 days old aw of which it is organized. (If the certificate submitted) executed in accordance with section 605.02 int to the Department of State constitutes a transfer of the Department of State constitutes at the Depa	ate is in a foreig	gn language, a translat ida Statutes. I am awar ony as provided for in	ion of the certificate under oath	
jurisdiction under the I of the translator must b 10. This document is e	cate of existence, no more than 90 days old aw of which it is organized. (If the certificate submitted) executed in accordance with section 605.02 int to the Department of State constitutes a transfer of the Department of State constitutes at the Depa	ate is in a foreign (03 (1) (b). Florithird degree felo	gn language, a translat ida Statutes. I am awar ony as provided for in	ion of the certificate under oath	



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

DELAWARE, DO HEREBY CERTIFY "FASTFLIP 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 SEVENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FASTFLIP LLC"
WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

e at corp. delaware gov/auti

Authentication: 203525975

Date: 11-07-17