MIM000010845

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: AdM .	
من Office Use Only	
2011 OCT 1	



10/11/1701003011	**160.00
12/22/1701004009	**1610.00

Private of the state of the sta

M. MILLIGAN DEC 22 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2017

FERNANDO J. PORTUONDO, ESQ. 2121 PONCE DE LEON BLVD., STE 950 CORAL GABLES, FL 33134 US

SUBJECT: SAMERICE, LLC Ref. Number: W17000082138

We have received your document for SAMERICE, 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):

Please accept our apology for failing to mention this in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1610.00.

Please return 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.

Michelle Milligan Senior Section Administrator

Letter Number: 817A00021906

www.sunbiz.org

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

FERNANDO J. PORTUONDO, P.A. • ATTORNEY AT LAW • 2121 PONCE DE LEON BOULEVARD SUITE 950 CORAL GABLES, FL 33134 TELEPHONE: (305)567-9953 FACSIMILE: (305)567-2426 E • MAIL: FERNANDO@PORTUONDO-LAW.COM

December 19, 2017

Via Certified Mail/Return Receipt Requested Florida Department of State, Division of Corporations **Att. Michelle Milligan, Senior Section Administrator. Registration Section** P.O. Box 6327 Tallahassee, FL 32314

RE: Your Reference No. W17000082138 Your Letter Number 817A00021906 Samerice, LLC, a Delaware limited liability company. Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida.

Dear Ms. Milligan:

Per your attached letter dated October 30, 2017, attached please find our check #7903 dated 12/19/17 for \$1,610.00 and the original fully executed Application By Foreign Limited Liability Company For Authorization To Transact Business Florida (signed by the Registered Agent in acceptance of the designation and by an authorized person of the company) and the Certificate Of Good Standing from the State of Delaware for this entity.

We had previously provided a check for \$160.00 representing your filing fee, certificate of status fee, and certified copy.

Please file the Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida and send your standard confirmatory letter, the Certificate Of Status, and certified copy to the undersigned in the enclosed selfaddressed envelope.

Please add in your website records to reflect the foregoing authorization.

Please let me know if you have any questions or require anything further. Thank you for your time and attention.

do Dortuondo

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

Samerice, LLC, a Delaware limited liability company

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Fernando J. Portuondo, Esq.

Name of Person

Fernando J. Portuondo, P.A.

Firm/Company

2121 Ponce De Leon Blvd., Suite 950

Address

Coral Gables, Florida 33134

City/State and Zip Code

Fernando@Portuondo-Law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando J. Portuondo,	Esq.	305 5 at ()	67-9953
Name o	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:		<u>ST</u>	REET ADDRESS:
Division of Corporation:	\$	Di	vision of Corporations
Registration Section		Re	gistration Section
P.O. Box 6327		Cli	fton Building
Tallahassee, FL 32314		26	61 Executive Center Circle
		Та	llahassee, FL 32301
Enclosed is a check for the follow	ring amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	ee & S160.00 Filing Fee. Certificate of Status & Certified Copy

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Samerice, LLC, a Delaware limited liability company

1 9532

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Compar-	sy," "L.L.C," or "LLC.")
Delaware		3 33-1221023	
	which foreign limited liability company is organized)	(FEI number, if applical	ble)
December 18, 2009			
	(Date first transacted business in Florida, if prior to r See sections 605 0904 & 605 0905, F.S. to determine	egistration.) ne penalty lisbilisy)	4 2,
2121 Ponce De Leon	Blvd.	6. 2121 Ponce De Leon Blvd.	A 38
(Street Address of	Principal Office)	(Mailing Address)	8
Suite 240 • Coral Gables, Florida	14134	Suite 240 Coral Gables, Florida 33134	<u> </u>
Son :		Colar Gables, Florida 55154	````````````` ````````````````````
• •	ss of Florida registered agent: (P.O. Box	NOT acceptable)	PH
	Fernando J. Portuondo, P.A.	<u>1.01</u> acceptione)	
Name:	2121 Ponce De Leon Blvd., Suite 950		5
Office Address:			
	Coral Gables	, Florida <u>33134</u> (Zip code)	
egistered agent's accep	(Ску)	(Zip code)	
comply with the provis d'accept the obligation	ions of all statutes relative to the froper of s of my position as registered apera. Reciper second se	registered agent und agree to act in this ca and complete performance of my duties, an Ferrande J. Fortund, PA.	pacity. I further ag d I am familiar wit
comply with the provis of accept the obligation to bit	ions of all statutes relative to the froper of soft my position as registered above.	The performance of my duties, and Ferrande J. Fortunal PA.	pacity. I further ag d I am familiar wit and Address:
comply with the provis of accept the obligation of bio of a of accept the obligation of bio of accept the obligation of bio of accept the obligation of bio of accept the obligation of bio of accept the obligation	ions of all statutes relative to the froper of s of my position as registered area. Register agents since acity and address of the person(s) who has <u>Name and Address</u> :	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision of accept the obligation of bio of bio The name, title or capa <u>Title or Capacity:</u>	ions of all statutes relative to the froper of s of my position as registered above. (Régistre agents si acity and address of the person(s) who has	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision of accept the obligation of bio of bio The name, title or capa <u>Title or Capacity:</u>	ions of all statutes relative to the froper of s of my position as registered afters. Register agents si acity and address of the person(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u>	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision of accept the obligation of bio of bio The name, title or capa <u>Title or Capacity:</u>	ions of all statutes relative to the froper of s of my position as registered above. (Register agenus since) acity and address of the perion(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> Suite 240	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision of accept the obligation of bio The name, title or capa <u>Title or Capacity:</u> <u>Manager</u> Manager	ions of all statutes relative to the froper of s of my position as registered area. Recircle agents si acity and address of the person(s) who has <u>Name and Address;</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> <u>Suite 240</u> Coral Gables, Florida 33134	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision accept the obligation to be to be	ions of all statutes relative to the froper of s of my position as registered area. Recircle agents si acity and address of the person(s) who has <u>Name and Address;</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> <u>Suite 240</u> Coral Gables, Florida 33134	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered above. Recursive agents si acity and address of the person(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> Suite 240 Coral Gables, Florida 33134 Coral Gables, Florida 33134 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	The performance of my duties, and Ferrande J. Fortunal PA.	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered above. Recursive agents si acity and address of the person(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> Suite 240 Coral Gables, Florida 33134 Coral Gables, Florida 33134 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	and complete performance of my duties, an Ferrande J. forland PA. (gnature) whave authority to manage is/are: <u>Title or Capacity:</u> Name a uly authenticated by the official having custo	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered above. Recirce agents since the person(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> <u>Suite 240</u> Coral Gables, Florida 33134 sary) of existence, no more than 90 days old, due of which it is organized. (If the certificate about the section 605.0203 (If the days of the section for t	and complete performance of my duties, an Ferrande J. forland PA. (mature) whave authority to manage is/are: <u>Title or Capacity:</u> Name a uly authenticated by the official having custo is in a foreign language, a translation of the official (1) (b), Florida matutes. I am aware that any	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered above. Recirce agents since the person(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> <u>Suite 240</u> Coral Gables, Florida 33134 sary) of existence, no more than 90 days old, due of which it is organized. (If the certificate about the section 605.0203 (If the days of the section for t	and complete performance of my duties, an Ferrande J. Forland, PA. ignature) whave authority to manage is/are: <u>Title or Capacity:</u> Name a uly authenticated by the official having custo is in a foreign language, a translation of the official having custo	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered alora. Recirce agents si acity and address of the person(s) who has <u>Name and Address:</u> Donald G. Smith Sanchez <u>2121 Ponce De Leon Blvd.</u> <u>Suite 240</u> Coral Gables, Florida 33134 sary) of existence, no more than 90 days old, du of which it is organized. (If the certificate abmitted) sted in accordance with section 605.0203 if the Department of State constitutes a there	and complete performance of my duties, an Ferrande J. Forland, PA. imature) whave authority to manage is/are: <u>Title or Capacity:</u> Name a uly authenticated by the official having custo is in a foreign language, a translation of the official having custo (1) (b), Florida statutes. I am aware that any the degree felone as provided for in s.817.155,	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered along. Recircle agents si acity and address of the person(s) who has <u>Name and Address:</u> <u>Donald G. Smith Sanchez</u> <u>2121 Ponce De Leon Blvd.</u> <u>Suite 240</u> <u>Coral Gables, Florida 33134</u> <u>Coral Gables, Florida 33134</u> sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted) sted in accordance with section 605.0203 (the Department of State constitutes a the Signature of	and complete performance of my duties, an Ferrande J. forland PA. (mature) whave authority to manage is/are: <u>Title or Capacity:</u> Name a uly authenticated by the official having custo is in a foreign language, a translation of the official (1) (b), Florida matutes. I am aware that any	d I am familiar wit
comply with the provision of accept the obligation of accept the obliga	ions of all statutes relative to the froper of s of my position as registered above. Registered agong si acity and address of the person(s) who has <u>Name and Address:</u> <u>Donald G. Smith Sanchez</u> <u>2121 Ponce De Leon Bivd.</u> <u>Suite 240</u> <u>Coral Gables, Florida 33134</u> <u>Coral Gables, Florida 33134</u> sary) of existence, no more than 90 days old, due of which it is organized. (If the certificate ubmitted) uted in accordance with section 605.0203 (the Department of State constitutes a third Signature of Donald G. Smith Sanchez, Manager	and complete performance of my duties, an Ferrande J. Forland, PA. imature) whave authority to manage is/are: <u>Title or Capacity:</u> Name a uly authenticated by the official having custo is in a foreign language, a translation of the official having custo (1) (b), Florida statutes. I am aware that any the degree felone as provided for in s.817.155,	d I am familiar with and Address: and of records in the certificate under oa false information



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF FORMATION OF "SAMERICE, LLC", WAS RECEIVED AND FILED IN THIS OFFICE THE ELEVENTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY CEASED TO BE IN GOOD STANDING ON THE FIRST DAY OF JUNE, A.D. 2017, BY REASON OF NEGLECT, REFUSAL, OR FAILURE TO PAY AN ANNUAL TAX, BUT REMAINS A DOMESTIC LIMITED LIABILITY COMPANY FORMED UNDER CHAPTER 18 OF TITLE 6.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAMERICE, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2009.



Jeffrey W. Bulloce, Secretary of State

Authentication: 203279068

Date: 09-23-17

Page 1

4763760 8300X

SR# 20176167814 You may verify this certificate online at corp.delaware.gov/authver.shtml