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Division of Corporations

Fax Number : (850)617-6383

JAN 3 1 2018

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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## Foreign Limited Liability Company SWALE LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

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

IN COMPLIANCE WITH SECTION (OSCOO), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SWALELLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") (If name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name include "Limited Liebility Company," "L.I.C." of "L.I.C.") (Fill number, if applicable) (Jurisdiction under the law of which through housed ashility company is organized) (Date Les) transacted outsiness in Froncia, is prior to registrature.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 6. 20201 East Country Club Drive, Apartment 1806 20201 East Country Club Drive, Apartment 1806 (Marting Address) (Street Address of Principal Office) Aventura, FL 33180 Aventura, FL 33180 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Dr. Ricardo I. Vicuna Name: 2020) East Country Club Drive, Apartment 1806 Office Address. Aventura 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 statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as legistered agent. Caitlin Lazarus, Attornoy-in-Fact (Registelen agent's signature) 8. The name, title or capacity and address of the person(s) who has have authority to marage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Elizabeth R. Waldshan Manager 20201 East Country Club Drive, Apartment 1806 Aventura, FL 3180 (Use attachments if necessary) 1 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 certificane 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. Signature of an authorized perfor Caldin Lazarus, Adomey-in-Pact Typed or product turns of tigage



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SWALE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWALE LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2018.

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

DIVISION OF COMMENTS 46

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Authentication: 202064939

Date: 01-31-18