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| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
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| PICK-UF | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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COVER LETTER

`TO:

| TO: | Registration Section Division of Corporati | ons | | | |
|---------|--|--|--|---|------------------------------------|
| SUBJE | La Nina LLC | | | | |
| 55-51 | | Name of | Limited Liability Comp | pany | |
| | | oreign Limited Liability Com ted to register the above refer | | | |
| Please | return all correspondence | concerning this matter to the | following: | | |
| | Gabriella Dor | tch | | | |
| | | N | ame of Person | | |
| | Reliability So | lutions | | | |
| | | F | irm/Company | | |
| | 7801 Jones R | oad | | | |
| | | | Address | ** | 73 mm |
| | Walnut Hill F | L 32568 | | , | 4 و ا مصحور محور الرا |
| | | City/S | State and Zip Code | - | |
| | gabbydortch@r | eliabilitysolutions.net | | | _ 3 🗇 |
| For fur | ther information concern | E-mail address: (to be use ing this matter, please call: | d for future annual repo | ort notification) | ر دی د |
| | Gabriella Dortch | | at () | 29-0552 | |
| | Name | of Contact Person | Area Code | Daytime Telephone N | lumber |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Div Reg Clif 266 | REET ADDRESS: ision of Corporations gistration Section from Building 1 Executive Center Circle lahassee, FL 32301 | cle |
| Enclose | ed is a check for the follo S125.00 Filing Fee | wing amount: \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$ | ☐ \$155.00 Filing Fe Certified Copy | e & □ \$160.00 Filir of Status & Cer | ng Fee, Certificate |

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:

| Nina Florida LLC | | | |
|--|---|---|--|
| ame unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limited | Liability Company," "L.L.C," or "LLC." |
| Delaware | | 3. 82-3733549 | |
| | hich foreign limited liability company is organized) | | umber, if applicable) |
| | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) | |
| | (See sections 605.0904 & 605.0905, F.S. to determ | | |
| 7801 Jones Road (Street Address of F | | 6. 7801 Jones Road | |
| Walnut Hill FL 32568 | - | (Mailing 2 Walnut Hill FL 32568 | Address) |
| | <u></u> | ************************************** | |
| | | | |
| | | | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | |
| Name: | Gabriella H Dortch | | ³¹ [1] |
| | 7901 Janes Dand | | · · · · |
| Office Address: | 7801 Jones Road | |) areas |
| | Walnut Hill | Florida 32568 | 1 |
| | (City) | , Florida 32568 (Zip | code) |
| egistered agent's accep | tance: | | The state of the s |
| signated in this applica comply with the provisi | gistered agent and to accept service of tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a | ct in this capacity. I further |
| signated in this applica comply with the provisi | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a | ct in this capacity. I further |
| signated in this applica comply with the provisi | tion, I hereby accept the appointment a ions of all statutes relative to the proper | is registered agent and agree to a r and complete performance of n | ct in this capacity. I further |
| signated in this applica comply with the provising accept the obligation. | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a r and complete performance of n signature) | ect in this capacity. I further ny duties, and I am familiar |
| signated in this applica comply with the provisi ad accept the obligation. | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. [Lucicela A Date] | is registered agent and agree to a r and complete performance of n signature) | ect in this capacity. I further ny duties, and I am familiar |
| esignated in this applical comply with the provision accept the obligation. The name, title or capa Title or Capacity: | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. [Registered agent's acity and address of the person(s) who have and Address: | is registered agent and agree to a r and complete performance of m signature) as/have authority to manage is/are | ect in this capacity. I further ny duties, and I am familiar |
| esignated in this applical comply with the provision accept the obligation. The name, title or capa | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a r and complete performance of m signature) as/have authority to manage is/are | ect in this capacity. I further ny duties, and I am familiar |
| signated in this applica comply with the provision accept the obligation. The name, title or capa Title or Capacity: | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. [Registered agent's acity and address of the person(s) who have and Address: | is registered agent and agree to a r and complete performance of m signature) as/have authority to manage is/are | ect in this capacity. I further ny duties, and I am familiar |
| signated in this applica comply with the provision of accept the obligation. The name, title or capa Title or Capacity: | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a r and complete performance of m signature) as/have authority to manage is/are | ect in this capacity. I further ny duties, and I am familiar |
| signated in this applica comply with the provision of accept the obligation. The name, title or capa Title or Capacity: | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a r and complete performance of m signature) as/have authority to manage is/are | ect in this capacity. I further ny duties, and I am familiar |
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| signated in this applica comply with the provision of accept the obligation. The name, title or capa Title or Capacity: Managing Member | tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | is registered agent and agree to a r and complete performance of m signature) as/have authority to manage is/are | ect in this capacity. I further ny duties, and I am familiar |
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| comply with the provision accept the obligation. The name, title or capa Title or Capacity: Managing Member Jes attachments if necess Attached is a certificate risdiction under the law the translator must be such. This document is executed. | tion, I hereby accept the appointment at ions of all statutes relative to the proper is of my position as registered agent. | as registered agent and agree to a rand complete performance of manage is/are as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a trans 3 (1) (b), Florida Statutes. I am av | Name and Address: Name and Address: having custody of records in lation of the certificate under |

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "LA NINA 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 FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA NINA LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 202107701

Date: 02-07-18

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