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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration S Division of Co | | 3 | | | · | 3 . |
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| SUBJI | | PANT CAP | ITAL PARTNER INTL, LI | LC | | | |
| SUBJI | .c.: | | Name of L | imited Liability C | Company | | |
| The en | closed "Applicat | ion by Forc e submitted | ign Limited Liability Compa to register the above referen | any for Authorizanced foreign limit | tion to Tra ed liability | insact Business in Florida," Co company to transact business | rtificate of in Florida. |
| Please | return all corres | ondence co | oncerning this matter to the f | following: | | | |
| | osc | AR OSPIN | 4 | • | | | |
| | | | Na | me of Person | | | |
| | PAR | AMOUNT | RESIDENCES | | | • | |
| • | | | Fit | m/Company | | | |
| | 1010 | NE 2ND A | VENUE | | | | |
| | | | | Address | | | |
| | MIA | MI, FL 331 | 32 | | | | |
| | | | City/St | ate and Zip Code | | | |
| | OSCA | R@PARAI | MOUNTRESIDENCES.CO | М | | | |
| | | | E-mail address: (to be used | for future annual | report not | ification) | |
| For fu | ther information | concerning | this matter, please call: | | | | |
| | OSCAR OSP | INA | | 954 at (| 336-88 | 75 | |
| | | Name of | Contact Person | Area Code | Day | rtime Telephone Number | |
| | MAILING A Division of Co Registration S P.O. Box 632 Tallahassee, F | orporations ection 7 | | | Division Registrat Clifton B 2661 Exc | of Corporations ion Section duilding ecutive Center Circle see, FL 32301 | |
| Enclos | sed is a check for \$125.00 Fi | | ng amount: \$\Begin{align*} \begin{align*} a | ☐ \$155.00 Filir Certified Copy | ng Fee & | \$ \$160.00 Filing Fee, Certs of Status & Certified Copy | ificate |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2018

OSCAR OSPINA 1010 NE 2ND AVENUE MIAMI, FL 33132

SUBJECT: PARTICIPANT CAPITAL PARTNER INTL, LLC

Ref. Number: W18000012914

We have received your document for PARTICIPANT CAPITAL PARTNER INTL, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00002738

RECEIVED TO THE PROPERTY OF TH

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:

| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | orida. The alt | ernate name must include " | Limited Liabili | ty Company," "L.L.C | i," or "LLC | .") |
|---|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|-------------|
| _{2.} DELAWARE | | | 82-4113150 | | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | ٥. | | (FEI number, | number, if applicable) | | |
| FEBRUARY 5, 2018 | | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration. ine penalty l | ability) | , | | | |
| 5. 1010 NE 2ND AVEN | | | 1010 NE 2ND AV | ENUE | | | |
| (Street Address of | Principal Office) | | (2) | Anthog Address | 5) | | |
| • MIAMI, FL 33132 | | - | MIAMI, FL 33132 | | _ | | |
| | | - | | | Fall de | <u> </u> | |
| - | | | | | 1 4 | | 194 |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT a | cceptable) | | th- _{ett} | 65 | KBCke |
| Name: | SERGIO MOISES | | | | ·* 9- | -سـ (رع | 7,211 1, |
| Office Address. | 1010 NE 2ND AVENUE | | | | · 4 | **0 | |
| Office Address: | | _ | | | ş. | 7.5 | · |
| | MIAMI | | , Florida <u>33</u> | (Zip code) | <u> </u> | ာက္ က | |
| designated in this applicate to comply with the provis | otance: egistered agent and to accept service of stion, I hereby accept the appointment a ions of all statutes relative to the propens of my position as registered agent. | is rekiste | red lagent and agre | ee to act in | this capacity. | I furth | er agre |
| designated in this applica to comply with the provis and accept the obligation | egistered agent and to accept service of a tion, I hereby accept the appointment a ions of all statutes relative to the proper | s revister and consistency | red ugent and agreenplete performance | ee to act in | this capacity. | I furth | er agre |
| designated in this applica to comply with the provis and accept the obligation | egistered agent and to accept service of stion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Augustic agent's agent's | s revister and consistency | red ugent and agro nplete performanc | ee to act in | this capacity. | I furth familia | er agre |
| designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap | egistered agent and to accept service of stion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Accept agent's acity and address of the person(s) who have and Address: E DANIEL KODSI | s revister and consistency | red ugent and agreenplete performance | ee to act in | this capacity. uties, and I am | I furth familia | er agre |
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| designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: AUTHORIZE SIGN (Use attachments if necess) | egistered agent and to accept service of stion, I hereby accept the appointment a sions of all statutes relative to the proper is of my position as registered ogent. Authorized agent's acity and address of the person(s) who have and Address: E DANIEL KODSI 1010 NE 2ND AVENUE MIAMI. FL 33132 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certifical | signature) as/havea | nplete performance uthority to manage te or Capacity: | ee to act in e of my du | Name and Ag | I furth familia | er agre |

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARTICIPANT CAPITAL PARTNER INTL, 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 TWENTY-SECOND DAY OF JANUARY, A.D.

2018.

6721071 8300 SR# 20180376722

Authentication: 202007012 Date: 01-22-18

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