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(Requesto	r's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer;
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1.ALLAHASSEE FLOSIDA

O SIMMONS APR 0 6 2018



March 21, 2018

LILIANA VIDAL 10300 NW 19TH ST MIAMI, FL 33172

SUBJECT: DUFRY AMERICA, LLC Ref. Number: W18000027468

We have received your document for DUFRY AMERICA, 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.

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

Letter Number: 818A00005689

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

Division of Corporations

TO:

	ufry America, LL					
30bjr.ct	.		Limited Liability (Company		
					ansact Business in Florida." Certificate y company to transact business in Flor	
Please return al	l correspondence	concerning this matter to the	following:			
	Liliana Vidal					
		N	ame of Person			
	Dufry America	ı, LLC				
		Fi	rm/Company	· 		
	10300 NW 19t	h Street				
			Address			
	Miami, Florida	33172				
		City/S	tate and Zip Code			
	legal@dufry.com	n				
		E-mail address: (to be used	for future annual	report no	tification)	
For further info	rmation concernin	g this matter, please call:				
Lilian	a Vidal		305 at (591-17	63	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	neck for the follow 5.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 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:

(Same or noreign	Limited Liability Company; must include "Lin	теч наонну с отрапу, пл.с., ог "	1.1.5 .)
name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Lim	nted Liability Company," "L.L.C," or "LI.C.")
Delaware		3 6737075	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J()	ItI number, if applicable)
February 1, 2018			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration)	
10300 NW 19th Street	L	6. 10300 NW 19th Stree	el 🙏
(Street Address of I	Principal Office)		ing Address)
Miami, FL 33172		Miami, FL 33172	<u> </u>
Name and street address	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	98 2
Name:	Liliana Vidal		
vanie.	10200 1111110 1 0	 	18/18 S
Office Address:	10300 NW 19th Street		7
	Miami	Florida 3317	2
	(City)		(Zip code)
comply with the provisi	ions of all statutes relative to the prop s of my position as registered agent.		
comply with the provisi	ions of all statutes relative to the prop		
comply with the provisi	ions of all statutes relative to the prop s of my position as registered agent.		
comply with the provisi ad accept the obligation	ions of all statutes relative to the prop s of my position as registered agent. (Logistered agent acity and address of the person(s) who	per and complete performance of	
comply with the provisi d accept the obligation.	ions of all statutes relative to the prop s of my position as registered agent.	per and complete performance of	of my duties, and I am familiar wi
comply with the provisi d accept the obligation. The name, title or capa	ions of all statutes relative to the prop s of my position as registered agent. (Logistered agent acity and address of the person(s) who	has/have authority to manage is.	of my duties, and I am familiar wo
comply with the provision decept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street	has/have authority to manage is. Title or Capacity:	are: Mame and Address: Maria Magdalena Izuriet 10300 NW 19th Street
comply with the provision decept the obligation. The name, title or capa Title or Capacity:	s of my position as registered agent. (degistered agent acity and address of the person(s) who Name and Address: Rene Riedi	has/have authority to manage is. Title or Capacity:	f my duties, and I am familiar was a second of the second
comply with the provisi d accept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street	has/have authority to manage is. Title or Capacity:	are: Mame and Address: Maria Magdalena Izuriet 10300 NW 19th Street
comply with the provision of accept the obligation. The name, title or capa Title or Capacity: Director	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street	has/have authority to manage is. Title or Capacity: Director	/are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172
The name, title or capa Title or Capacity: Director	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola	has/have authority to manage is. Title or Capacity: Director	/are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez
The name, title or capa Title or Capacity: Director	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street Miami, FL 33172	has/have authority to manage is. Title or Capacity: Director	/are: Name and Address: Maria Magdalena Izuriei 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez 10300 NW 19th Street
The name, title or capa Title or Capacity: Director Director	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street Miami, FL 33172	has/have authority to manage is. Title or Capacity: Director Director	/are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez 10300 NW 19th Street Miami, FL 33172
The name, title or capa Title or Capacity: Director Director Jee attachments if neces Attached is a certificate	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street Miami, FL 33172 ssary) of existence, no more than 90 days of	has/have authority to manage is. Title or Capacity: Director Director	/are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez 10300 NW 19th Street Miami, FL 33172 cial having custody of records in the street of the
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The name, title or capa Title or Capacity: Director Director Attached is a certificate risdiction under the law the translator must be so	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street Miami, FL 33172 ssary) of existence, no more than 90 days of of which it is organized. (If the certificulumitted)	has/have authority to manage is. Title or Capacity: Director Director d, duly authenticated by the officeate is in a foreign language, a tr	Are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez 10300 NW 19th Street Miami, FL 33172 cial having custody of records in the anslation of the certificate under of
The name, title or capa Title or Capacity: Director Director Attached is a certificate risdiction under the law the translator must be so	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street Miami, FL 33172 ssary) of existence, no more than 90 days of of which it is organized. (If the certificulumitted) ented in accordance with section 605.05	has/have authority to manage is. Title or Capacity: Director Director d, duly authenticated by the officeate is in a foreign language, a tr	Are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez 10300 NW 19th Street Miami, FL 33172 cial having custody of records in the anslation of the certificate under on aware that any false information
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The name, title or capa Title or Capacity: Director Director Attached is a certificate risdiction under the law the translator must be sign. This document is exec	acity and address of the person(s) who Name and Address: Rene Riedi 10300 NW 19th Street Miami, FL 33172 Luis Otaola 10300 NW 19th Street Miami, FL 33172 ssary) of existence, no more than 90 days of of which it is organized. (If the certificulumitted) ented in accordance with section 605.05	has/have authority to manage is. Title or Capacity: Director Director d, duly authenticated by the officeate is in a foreign language, a tr	Are: Name and Address: Maria Magdalena Izuriet 10300 NW 19th Street Miami, FL 33172 Jose H. Gonzalez 10300 NW 19th Street Miami, FL 33172 cial having custody of records in the anslation of the certificate under contaware that any false information

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DUFRY AMERICA, 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-EIGHTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202226543

Date: 02-28-18

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