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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

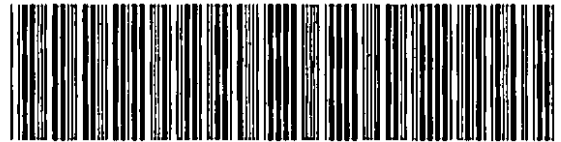
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY 31 PM 12:49
STATE OF FLORIDA
TALLAHASSEE

J. LEGGETT
JUN 01 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2018

LILIANA VIDAL
10300 NW 19TH ST, STE 114
MIAMI, FL 33172 US

SUBJECT: DUFY CRUISE SERVICES, LLC
Ref. Number: W18000037826

We have received your document for DUFY CRUISE SERVICES, LLC and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00008113

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dufry Cruise Services, LLC

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:

Liliana Vidal

Name of Person

Dufry Cruise Services, LLC

Firm/Company

10300 NW 19th Street, Suite 114

Address

Miami, Florida 33172

City/State and Zip Code

legal@dufry.com

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

For further information concerning this matter, please call:

Jarred Leibner / Derick Ruiz

305

777-1307

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$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:

1. Dufry Cruise Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.I.C.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 4961687 (FEI number, if applicable)

4. 1-Feb-2018 (Date first transacted business in Florida, if prior to registration) (16-Feb-2017 as Dufry Cruise Services, Inc.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10300 NW 19th Street, Suite 114 (Street Address of Principal Office) 6. 10300 NW 19th Street, Suite 114 (Mailing Address)
Miami, FL 33172 Miami, FL 33172

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Liliana Vidal
 Office Address: 10300 NW 19th Street, Suite 114
Miami, Florida 33172
(City) (Zip code)

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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

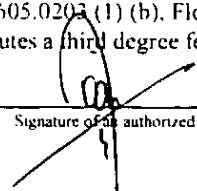
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Director</u>	<u>10300 NW 19th Street</u> <u>Suite 114</u> <u>Miami, FL 33172</u>	<u>Director</u>	<u>10300 NW 19th Street</u> <u>Suite 114</u> <u>Miami, FL 33172</u>
<u>Director</u>	<u>10300 NW 19th Street</u> <u>Suite 114</u> <u>Miami, FL 33172</u>	<u>Director</u>	<u>10300 NW 19th Street</u> <u>Suite 114</u> <u>Miami, FL 33172</u>

(Use attachments if necessary)

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 certificate 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 authorized person
Rene Riedi
Typed or printed name of signee

18 MAR 31 2017
 64 19 19

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DUFREY CRUISE SERVICES, 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.



4961687 8300

SR# 20181296948

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202226523

Date: 02-28-18