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To:			E E	
	Division of Co	rporations		
		1 (850)617-6383		
From:			1 I FOF	
	Account Name	: CORPORATE CREATIONS IN	TERNATIONAL INC.	
	Account Number	: 110432003053	2.0 P	
	Phone	: (561)694-8107	THE T	
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Foreign Limited Liability Company

Agoraschenley, LLC

Certificate of Status	1
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Estimated Charge	\$130.00



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Corporate Filing Menu

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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	 Agoraschenley, 	L	LC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware	high foreign lumited hebility company is organized)	3	(PEI munber, d		
(rendercook spoki pik iaw bi wi	nea toreita annieu nestory company is organization)		(Vici manoci, o	аррыское /	
. <u></u>					
	(Dure first tremacted business in Florida, if prior to regi (See sections 605,0904 & 605 0905, F.S. to determine p	stration.) penalty liability)			
600 Brickell Avenue, S	Suite 2500	6, 600 Bri	ckell Avenue, Suite 250	no <u>≍</u> ್	20
(Street Address of I	Tincipal (Mice)		(Mailing Address)		CI
Miami, FL 33131		Miami,	FL 33131	>:	<u></u>
					È
				555	<u> </u>
Name and street addres	a of Florida registered agent: (P.O. Box N	OT acceptabl	e)	<u> </u>	
			-,		PH
Name:	Corporate Creations Network Inc.	······			3
Office Address:	11380 Prosperity Farms Road #221E				••
Office Augress:				0	÷
	Palm Beach Gardens	,	Florida <u>33410</u>		
	(Cay)		(Zip ende)		

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.

VI	Rachel Kauffman, Special Secretary
(Registered agent's supamer)	

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Suzanne DeWitt 600 Brickell Avenue, Suite 2500 Miami, FL 33131		
Manager	Andree V. Dick 600 Brickell Avenue, Suite 2500 Miami, FL 33131		

(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 an authorized person	

Rachel Kauffman, Attorney-in-Fact

Typed or printed name of signer

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGORASCHENLEY, 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 SIXTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGORASCHENLEY, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2014.

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



Authentication: 202834389 Date: 06-06-18

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SR# 20185008443 You may verify this certificate online at corp.delaware.gov/authver.shtml