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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu Corporate Filing Menu

Help

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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:

me unavailable, enter alternate as	une adopted for the purpose of transacting business in Florida. The	alternate name must include "Limited Liability Co	mpany," "L.L.C," or "LLC."
)elaware	3	l	
Paristiction under the law of wh	nch foreign lamited liability company is organized)	(FEI mumber, if ap	placable)
			_
	(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 603.0905, F.S. to determine penalty	oa.) y Lizbilay)	-
600 Brickell Avenue, S	Suite 2500 6	600 Brickell Avenue, Suite 2500)
(Street Address of	racipal (Hisco)	(Mailing Address)	
Miami, FL 33131		Miami, FL 33131	
			An C
lame and street addres	s of Florida registered agent: (P.O. Box NOT	(acceptable)	AHAS
Name:	Corporate Creations Network Inc.	. <u></u>	
Office Address:	11380 Prosperity Farms Road #221E		
	Pulm Beach Gardens	, Florida <u>33410</u>	
	(Cay)	(Zip unde)	ਿ ਉਹ ਦਾ

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.

VIC-	Rachel Kauffman, Special Secretary
(Registered agent's signature)	

Name and Address:

 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>

Manager	Suzanne DeWitt 600 Brickell Avenue, Suite 2500 Miami, FL 33131	<u></u>	
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. 1 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.

	W.	
Signat	Signature of an authorized person	
Rachel Kauffman, Attorney-in-Fact		

Typed or printed name of signor



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGORAMINORCA, 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 "AGORAMINORCA, LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2013.

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



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SR# 20185006981 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202833915 Date: 06-06-18