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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu

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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:

Acora	portillo,	LLC

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

(If name anavailable, enter alsonate name adopted for the purpose of menascing business in Florida. The absente name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. Delaware
3. ______

(Insightion under the law of which foreign limited liebility company is organized)

(PEI manber, if applicable)

Name and Address:

600 Brickell Avenue,	Suite 2500	6.	600 Brickell Avenue, Suite 2500		
(Street Address of 1	vincipal (Hitce)		(Mailing Address)		 ~
Miami, FL 33131	·		Miami, FL 33131	, 	<u> </u>
				, 	· 🚓
				Ξ.	\mathbf{S}
Name and street addres	s of Florida registered agent: (P.O. Box	NOT 8	ecceptuble)	·SS	1
Name:	Corporate Creations Network Inc.			<u></u>	- 1)
	11380 Prosperity Farms Road #221E			<u></u>	<u> </u>
Office Address:	11380 Prosperity Patilis Road #2212		`	\circ -	 (\scalar)
Office Address:	Palm Beach Gardens		, Florida <u>33410</u>	ORID	4 : <u>-</u>

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.

Rachel Kauffman, Special Secretary (Registered egent's signature)

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: <u>Title or Capacity:</u>

فتقتدون ويتقاف المتحد والمتحد المتحد		
Manager	Suzanne DeWitt	
	600 Brickell Avenue, Suite 2500 Miami, FL 33131	
	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. 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.

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 "AGORAPORTILLO, 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 "AGORAPORTILLO, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2014.

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



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SR# 20185006954 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202833910 Date: 06-06-18