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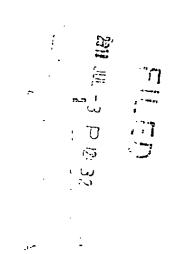
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Special Instructions to Filing Officer:					





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June 4, 2018

SANDRA R CALDERARO 6301 NW 5TH WAY SUITE 2000 FORT LAUDERDALE, FL 33309 US

SUBJECT: RAW FLORIDA, LLC Ref. Number: W18000047168

We have received your document for RAW FLORIDA, LLC and your country totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

B

Letter Number: 218A00010266

COVER LETTER

CHRIECT.	RAW FLORIDA,	пс					
SUBJECT:		Name of	Limited Liability	Company			
		oreign Limited Liability Corr ed to register the above refe					
Please return	all correspondence	concerning this matter to the	e following:				
	Sandra R. Cal	deraro					
		1	lame of Person	···		-	
	Calderaro Tyr	rell Law Group					
		F	irm/Company			_	
	6301 NW 5th	Way, Suite 2000	••		1 1 (*	2	۲:۰۰
	; .		Address			- (<u>F</u>	
	Fort Lauderda	le, FL 33309 :	٠.	_	,		i
		City/S	State and Zip Code		-	Ū B	- - ۱
	cbustamante@v	isamiami.com			•		
	-	E-mail address: (to be use	d for future annua	report no	ification)	- 65 	
For further in	formation concernis	ng this matter, please call:					
Cla	udia Bustamante		954 ໝ (376-61	61		
	Name	of Contact Person	Area Code	Day	time Telephone Number	-	
.Divi Regi P.O.	ILING ADDRESS sion of Corporation stration Section Box 6327 ahassee, FL 32314	2		Division Registrate Clifton B 2661 Exe	ADD RESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	check for the follow 125,00 Filing Fee	ing amount: \$\Pi\$130.00 Filing Fee & Certificate of Status	S155,00 Filir	-	☐ \$160.00 Filing Fee, C		

#

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05/0902 FLORIDA STATUTES, THE FOLLOWING INSURMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAW. LLC (Name of Foreign	n Limited Liability Company, must include "Limited L	nability Company," "L.L.C.," or "L.C.,")			
RAW FLORIDA, LLC						
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida		bility Company," "L1.C," or "L1.C.")			
2. CALIFORNIA		3. 30-1013159				
(Jurisdiction under the law of s	(Jurisdiction under the law of which foreign limited liability company is organized)		ber, if applicable)			
4						
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0903, F.S. to determine p	stration.) penalty hability)				
5 9500 SE 164 CT		6. 11884 MARIPOSA BAY	LANE			
(Street Address of Principal Office)		(Mailin j Address) PORTER RANCH, CA 91326 US				
MIAMI, FL 33196 US	<u> </u>	PORTER RAINCH, CA 91	320 03			
						
7. Name and street addre	ss of Florida registered agent: (P.O. Box N	IOT acceptable)	ु १			
Name:	Sandru R Calderaro		Apple Limite			
	301 NW 5th Way, Suite 2000		بير. شقا			
Office Address:			' 1 ,			
	Fort Lauderdale	, Florida <u>33309</u>	لدا			
Registered agent's accep	(City)	(Z p 🗪	*) i7			
	(Registered agent's sign	ature)				
o mil da		a to a to				
X. The name, title or cap. <u>Title or Capacity:</u>	acity and address of the person(s) who has/h Name and Address:	nave authority to manage is/a e: Title or Capacity:	Name and Address:			
AMBR	Jairo Andres Gonzalez Cumba	AMBR	Santiago Gonzalez Cumba			
AMDK	Luis Pasteur E10-62 y Paris	AMBK	Granados E16 y Paris			
	Ouito, Ecuador		Quito, Ecuador			
MGR	Codes 4 adam Dise					
MOR	Carlos Andres Rivas Jose Peralla 061-162					
	Quito, Ecuador					
(Use attachments if neces	sary)					
O Assumbled in a new (Color	-6	ha anakamalanand karakan affisial ka	and an arranged to a Canada da dha			
	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is					
of the translator must be s	-					
10. This document is even	uted in accordance with section 605 0203 (1) (b), Florida Statutes, I am awa	ra that any folce information			
	the Department of State consultates a third					
	. / /					
	Fire 1 1 100)				
	Signature of a	n authorized person				
		n authorista person				
		n authorized person				

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: RAW, LLC

FILE NUMBER:

201722310406

FORMATION DATE:

08/07/2017 DOMESTIC LIMITED LIABILITY COMPANY

TYPE: JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 25, 2018.

ALEX PADILLA Secretary of State