

7/13/2018

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
LINKACTIV NORTH AMERICA LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LINKACTIV NORTH AMERICA LLC

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

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

2. Puerto Rico

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. n/a

(Date first commenced business in Florida, if prior to registration?
(See sections 605.0204 & 605.0205, F.S. to determine penalty liability)

5. Amelia Industrial Park, Diana St. Lot #20

(Street Address of Principal Office)

Guaynabo, PR 00968

6. PO Box 366398

(Mailing Address)

San Juan, PR 00936-6398

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

By: C T Corporation System

(Registered agent's signature)

Cristie Myers

Assistant Secretary

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:

CEO

Thelma López

Amelia Industrial Park, Diana St. Lot #20
Guaynabo, PR 00968

(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

Jorge Colón

Typed or printed name of signer



Gobierno de Puerto Rico

CERTIFICADO DE CUMPLIMIENTO ("GOOD STANDING")

Yo, **LUIS G. RIVERA MARÍN**, Secretario de Estado del Gobierno de Puerto Rico,

CERTIFICO: Que, a tenor con la Ley General de Corporaciones de Puerto Rico, **LINKACTIV NORTH AMERICA LLC**, registro número **377925**, una Compañía de Responsabilidad Limitada **doméstica con fines de lucro** organizada bajo las leyes de Puerto Rico el **18 de julio de 2016**, ha cumplido con el pago de los Derechos Anuales.



EN TESTIMONIO DE LO CUAL, firmo el presente y hago estampar en él el Gran Sello del Gobierno de Puerto Rico, en la ciudad de San Juan, Puerto Rico, hoy, **11 de enero de 2018**.

A handwritten signature in black ink, appearing to be "L. Rivera Marín", written over a horizontal line.

LUIS G. RIVERA MARÍN
Secretario de Estado

Para validar este certificado acceda a:

<http://estado.pr.gov/>

Este certificado podrá ser validado un número ilimitado de veces antes de la fecha de expiración 11-ene-2019.

Número de Validación del Certificado: **232033-67626428**