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TO:

TO:		tration Section ion of Corporation	ns						
SUBJE	СТ∙	Agrinlog Holdings	LLC						
00000	_		Name of	Limited Liability (Company				
			eign Limited Liability Com d to register the above refer						
Please r	eturn a	Il correspondence c	oncerning this matter to the	following:					
		Flavio De Mei	ira Penna						
			N	lame of Person					
									
			F	irm/Company					
		21710 Fall Rive	er Drive						
				Address		·			
		Boca Raton, FL	. 33428						
			City/S	State and Zip Code					
		flaviomeirapenr	na@gmail.com				TAL TAL	2018	
			E-mail address: (to be use	d for future annual	report no	tification)		SEP	7
For furt	her info	ormation concerning	g this matter, please call:				5.5.V.	0.0	lana:
	Flav	rio De Meira Penna		919 at (265-39	39		2	17
		Name o	f Contact Person	Area Code	Day	ytime Telephone Num	iber $\mathbb{Z}^{\mathcal{S}}$?:	4
	Divisi Regist P.O. E	on of Corporations tration Section Box 6327 bassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		9	
Enclose		heck for the follow 25.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing For Status & Certification		icat e	

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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

f name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
. Delaware		3. 81-0866290	· · · · · · · · · · · · · · · · · · ·
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	(FEI numi	per, if applicable)
08/16/18			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liability)	·
21710 Fall River Driv	e	6. 21710 Fall River Drive	
(Street Address of Pr	incipal Office)	(Mailing Add	ress)
Boca Raton, FL 33428		Boca Raton, FL 33428	
 			<u>~~2</u>
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Maria Aparecida Tavares De Meira P	'enna	34 = T
	21710 Call Divar Daina		SC - 5
Office Address:	21710 Fall River Drive		역약 골 !
	Boca Raton	, Florida <u>33428</u>	
Registered agent's accept	(City)	(Zip coo	
o comply with the provision	ons of whistatutes relative to the proper of my position ds/registered agent.	Wa Feller.	in this capacity. I further as duties, and I am familiar wit
o comply with the provision and accept the obligations	ons of athstatutes relative to the proper of in position as registered agent. (Registered agent of the person(s) who ha	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar with
o comply with the provision and accept the obligations	ons of ath statutes relative to the proper of my position described agent. (Registroced agents	and complete performance of my	in this capacity. I further ag duties, and I am familiar with with the same and Address:
o comply with the provision accept the obligations 8. The name, title or capa	ons of athstatutes relative to the proper of my position desired agent. (Registered agent of the person(s) who has and Address: Flavio De Meira Penna	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar with
so comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	ons of athstatutes relative to the proper of my position desired agent. (Registreed agent of the person(s) who have and Address:	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar with
so comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	ons of ath statutes relative to the proper of my position described agent. (Registered agent of the person(s) who has a Name and Address: Flavio De Meira Penna 21710 Fall River Drive	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar wit
so comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	ons of ath statutes relative to the proper of my position described agent. (Registered agent of the person(s) who has a Name and Address: Flavio De Meira Penna 21710 Fall River Drive	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar wit
so comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	ons of ath statutes relative to the proper of my position described agent. (Registered agent of the person(s) who has a Name and Address: Flavio De Meira Penna 21710 Fall River Drive	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar with
so comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	city and address of the person(s) who have and Address: Flavio De Meira Penna 21710 Fall River Drive Boca Raton, FL 33428	and complete performance of my Signature) as/have authority to manage is/are:	duties, and I am familiar wit

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGRINLOG HOLDINGS 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2018.



Authentication: 203329230

Date: 08-28-18