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SECRETARY OF STATE
AFT AHASSEE, FLORID

N CULLIGAN

COVER LETTER

TO:	Registration Section Division of Corporation	as				
SUBJE	THAT GIRL US U	rc				
001,01.		Name of	Limited Liability	Company		
The end Existen	closed "Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liabilit	ansact Business in Florida," C y company to transact busines	ertificate of s in Florida.
Please r	eturn all correspondence	concerning this matter to the	following:			
	MICHEL AMO	DRIM				
		N	ame of Person			
	DRUMMOND	ADVISORS				
		F	irm/Company	-		
	601 BRICKEL	L KEY DRIVE SUITE 90	1			
			Address			
	MIAMI, FL 33	131				
		City/S	State and Zip Code			
	MAMORIM@D	RUMMONDADVISORS.C	СОМ			
		E-mail address. (to be use	d for future annual	report not	(ification)	
For furt	her information concerns:	ng this matter, please call:				
	RODRIGO TORRES		781	770 00	005	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, F1, 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section wilding centive Center Circle see, FL 32301	
Enclose	d is a check for the follow ■ \$125.00 Filing Fee	ring amount: ☐ \$130,00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ıy Fee &	☐ \$160.00 Filing Fee, Certs of Status & Certified Copy	ficate





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2018

MICHAEL AMORIM 601 BRICKELL KEY DRIVE SUITE 901 MIAMI, FL 33131

SUBJECT: THAT GIRL US LLC Ref. Number: W18000081122

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

The registered agent must sign accepting the designation.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 218A00018849

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CORFECTED DOCUMENTS ACTACHED.

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

IN COMPILANCE WITH SECTION 05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Ci	ability Company; must include "Lin	illea (1950lin)	company. Elica or Lice i	
It name unavailable, enter alterrate ii	iatne adopted	tor the purpose of transacting business in	[kynda]] ie al	ternate name must muhade "famated Laif	bility Company," "L.L.C. for "LLC")
2.DELAWARE			3.	37-1853048	
(Jurisdation under the law of w	tuch toreign)	limited hability company is organized)		(FFI numb	ser, af applicable)
1					
	। विकास । ५८० म	first transacted business in Florida, if prior ections 505 0904 & 605 0905, F.S. to dete	in registration emine penalty	.) Raoduy)	
5. One Commerce Cen			6.	1815 NE 144th st.	~
(Street Address of I Suite 762	Principal Offi	cc)		(Mailing Add	A S
	- 10901			Name of Committee of Table 1	S S
Wilmington, Delawar	- 19001			North Miami, FL 33181	——————————————————————————————————————
- N	e ea	ti ti kanan	NUNT	. 11 .	28 AMII: 49 TARY OF STAIL
7. Name and <u>Street addres</u>		ida registered agent: (P.O. B	0. <u>101</u> .	iccepianie)	
Name:	MICHE	EL AMORIM			
Office Address:	601 BF	RICKELL KEY DRIVE ST	901		
	MIAMI				
	IVII	(Ciry)		, Florida 33131	<u> </u>
			7.61.	6 A	
		(Regnitered ager	<u></u>	6 A	
8. The name, title or capa <u>Title or Capacity:</u>	acity and	(Regnered ager address of the person(s) who Name and Address:	has/have		Name and Address:
	acity and	address of the person(s) who	has/have	authority to manage is/are:	Name and Address:
Title or Capacity:	acity and	address of the person(s) who Name and Address: MARIA F MAMEDE Rua Rino Levi	has/have	authority to manage is/are:	Name and Address:
Title or Capacity:	acity and	address of the person(s) who Name and Address: MARIA F MAMEDE	has/have	authority to manage is/are:	Name and Address:
Title or Capacity:	acity and	address of the person(s) who Name and Address: MARIA F MAMEDE Rua Rino Levi	has/have	authority to manage is/are:	Name and Address:
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Title or Capacity: MBR (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	ssary) of existe	address of the person(s) who Name and Address: MARIA F MAMEDE Rua Rino Levi 375 apt 1601 ence, no more than 90 days of it is organized, (If the certific	has/have : Ti	authority to manage is/are: tle or Capacity:	Name and Address: Iving custody of records in the ion of the certificate under oath
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Liped in printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "THAT GIRL US 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203453884

Date: 09-19-18