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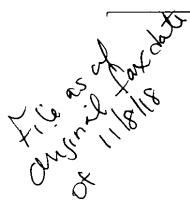
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## Foreign Limited Liability Company ANIBAL MANAGEMENT LLC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

JAM MARK LIMITED

November 9, 2018

SUBJECT: ANIBAL MANAGEMENT LLC

REF: W18000098274

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Michelle Milligan FAX Aud. #: H18000322230 Senior Section Administrator Letter Number: 018A00023202

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

IN COMPLIANCE WITH SECTION 605,0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited."	.iability Company," "L.L.C," or "LLC.")
Delaware		3. 38-4070302	
(Jurisdiction under the law of wh	nich füreign hirsted hability company is organized)	5	inher, if applicable)
4. Upon qualification			
4. <u></u>	(Date first framsacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	(egistration ) time penalty liability)	<del></del>
5		6(Mailing A	ddren) ite 450
(Street Address of )		(Mailing A 8333 NW 53rd Street, St	ddress) (17)
8333 NW 53rd Street,	Suite 450		mic 450
Doral, FL 33166	<del></del> -	Doral, FL 33166	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	
Name:	Corporate Creations Network Inc.		€ ▼ % • • • • • • • • • • • • • • • • • •
Office Address:	11380 Prosperity Farms Road, #221E	<del></del>	
•	Palm Beach Gardens	Florida 33410	
	(City)	, Florida <u>33410</u>	xuje)
and decept the ownsame.	s of my position as registered agent.		
and detept me oungaines.	(Registered agent's	aignotute)	
8. The name, title or capa	(Registered agent's	as/have authority to manage is/are	
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who had a Name and Address:	•	: Name and Address:
8. The name, title or capa	(Registered agent's acity and address of the person(s) who have and Address:  Ana Maria Ortes Rodriguez	as/have authority to manage is/are Title or Capacity:	
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who had a Name and Address:	as/have authority to manage is/are Title or Capacity:	
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have and Address:  Ana Maria Ortes Rodriguez  8333 NW 53rd St., Suite 450	as/have authority to manage is/are Title or Capacity:	
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who have and Address:  Ana Maria Ortes Rodriguez  8333 NW 53rd St., Suite 450	as/have authority to manage is/are Title or Capacity:	
8. The name, title or caps  Title or Capacity:  Manager	(Registered agent's neity and address of the person(s) who he Name and Address:  Ana Maria Ortes Rodriguez  8333 NW 53rd St., Suite 450  Doral, Ft. 33166	as/have authority to manage is/are Title or Capacity:	
8. The name, title or capa <u>Title or Capacity:</u> Manager  (Use altachments if neces	(Registered agent's acity and address of the person(s) who have and Address:  Ana Maria Ortes Rodriguez  8333 NW 53rd St., Suite 450  Doral, FL 33166	as/have authority to manage is/are Title or Capacity:	Name and Address:
8. The name, title or capa Title or Capacity:  Manager  (Use attachments if neces)	(Registered agent's neity and address of the person(s) who he Name and Address:  Ana Maria Ortes Rodriguez  8333 NW 53rd St., Suite 450  Doral, Ft. 33166  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are Title or Capacity:	Name and Address:
8. The name, title or caps  Title or Capacity:  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Ana Maria Ortes Rodriguez  8333 NW 53rd St., Suite 450  Doral, Ft. 33166  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)  uted in accordance with section 605.020	as/have authority to manage is/are Title or Capacity:  duly authenticated by the official te is in a foreign language, a trans	having custody of records in the lation of the certificate under oath
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANIBAL MANAGEMENT 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 EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANIBAL MANAGEMENT LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2016.

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

a at coro delaware gov/aut

Authentication: 203860088

Date: 11-08-18

6140621 8300 SR# 20187539840