## M180600104188

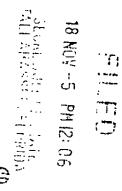
(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500320327945

11/05/18--01036--006 \*\*310.00



NOV 2 6 2018 T SCHROEDER

## COVER LETTER

TŐ:		ition Section of Corporation	18			•	
SUBJI		V HOLDINGS, I					
			Name of	Limited Liability (	Company		
			eign Limited Liability Com d to register the above refer				
Please	return all c	orrespondence c	oncerning this matter to the	following:			
		Myles Mocega					
•			N	ame of Person			
		Snyder Internati	ional Law Group, P.A.				
		-	F	irm/Company			
		21500 Biscayne	Blvd., Suite 401				
				Address			
		Aventura, FL 3	3180				
			City/S	itate and Zip Code		_	
	11	nyles@snyderint	l.com				
			E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther inform	nation concerning	g this matter, please call:				
	Myles N	locega		786 at (	899-288		
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registrat P.O. Box	of Corporations ion Section : 6327 see, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos		ck for the followi 00 Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

## 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:

If name unavailable, enter alterna-	e name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limit	ted Liability Company," "L.L.C." or	"H.I.C.")
DELAWARE		3.		
(Jurisdiction under the law o	which foreign limited liability company is organized)	(1)	I number, if applicable)	
I. N/A				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration ) ie penalty liability)		
21500 BISCAYNE B		6. 21500 BISCAYNE BLY		
	of Principal Office)		ng Address)	
SUITE 401		SUITE 401		<del></del>
AVENTURA, FL 331	80	AVENTURA, FL 33180	- 말 중	—. <u>;;</u> ,
7. Name and <u>street add</u>	ress of Florida registered agent: (P.O. Box	NOT acceptable)	½ 1	
Name:	SNYDER INTERNATIONAL LAW GROU	JP, P.A	·	
Office Address	21500 BISCAYNE BLVD. SUITE 401			
Office Address	21300 BISCATTIC BEVD. SOTTE 401			
	AVENTURA	, Florida33	3180	
laving been named as esignated in this appli o comply with the prov	eptance: registered agent and to accept service of po- cation, I hereby accept the appointment as isions of all statutes relative to the proper of ons of my position as registered agent.	registered agent and agree to	o act in this capacity. I fi	irther ag
lesignated in this appli o comply with the prov and accept the obligation	registered agent and to accept service of paction, I hereby accept the appointment as isions of all statutes relative to the proper of	rocess for the above stated lin registered agent and agree to and complete performance of gnanure)	o act in this capacity. I fi my duties, and I am fan	irther ag iiliar witi
Having been named as lesignated in this appli ocomply with the provend accept the obligation.  8. The name, title or care.	registered agent and to accept service of proceedings. I hereby accept the appointment as isions of all statutes relative to the proper one of my position as registered agent.  Pablo Gronda	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this appli o comply with the provend accept the obligation.  8. The name, title or carries are a Title or Capacity:	pacity and address of the person(s) who has Name and Address:  Pablo Gronda  21500 Biscayne Blvd., Suite 401	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this applies comply with the provend accept the obligation.  3. The name, title or carries are capacity:	registered agent and to accept service of proceedings. I hereby accept the appointment as isions of all statutes relative to the proper one of my position as registered agent.  Pablo Gronda	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this appli ocomply with the provend accept the obligation.  8. The name, title or carries are a Title or Capacity:	pacity and address of the person(s) who has Name and Address:  Pablo Gronda  21500 Biscayne Blvd., Suite 401	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this appli o comply with the provend accept the obligation.  8. The name, title or carries are a Title or Capacity:	pacity and address of the person(s) who has Name and Address:  Pablo Gronda  21500 Biscayne Blvd., Suite 401	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this appli o comply with the provend accept the obligation.  8. The name, title or can accept the MGR	registered agent and to accept service of proceedion. I hereby accept the appointment as isions of all statutes relative to the proper of the proper of the proceeding of my position as registered agent.  Pacity and address of the person(s) who has Name and Address:  Pablo Gronda  21500 Biscayne Blvd., Suite 401  Aventura, FL 33180	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this appli o comply with the provend accept the obligation.  8. The name, title or carries are a Title or Capacity:	registered agent and to accept service of proceedion. I hereby accept the appointment as isions of all statutes relative to the proper of the proper of the proceeding of my position as registered agent.  Pacity and address of the person(s) who has Name and Address:  Pablo Gronda  21500 Biscayne Blvd., Suite 401  Aventura, FL 33180	rocess for the above stated lin registered agent and agree to and complete performance of gnature)	o act in this capacity. I fi my duties, and I am fan my duties and I am fan mre:	irther ag iiliar witi
Having been named as lesignated in this applicated in this applicated comply with the provend accept the obligation.  8. The name, title or catering the or Capacity:  MGR  Use attachments if necessary acceptance of the complex control of the c	registered agent and to accept service of proceedion. I hereby accept the appointment as isions of all statutes relative to the proper of the process of my position as registered agent.  Paction and Address:  Pablo Gronda  21500 Biscayne Blvd., Suite 401  Aventura, FL 33180  essary)  te of existence, no more than 90 days old, days of which it is organized. (If the certificate	rocess for the above stated ling registered agent and agree to and complete performance of agranure)  Shave authority to manage is/a  Title or Capacity:	o act in this capacity. I fit my duties, and I am fan	erther ag

JENNIFER SNYDER, AUTHORIZED AGENT
Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BHV 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BHV HOLDINGS, LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2013.

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

at core delaware gov/aut

Authentication: 203720900

Date: 10-31-18

5361252 8300 SR# 20187418197