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TO: Registration S  Division of Co			•
N Hergue, Ll	С		
SUBJECT:		27.1.2.1.1.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2	
	Name of	Limited Liability Company	
The enclosed "Applicati Existence, and check are	on by Foreign Limited Liability Com submitted to register the above refer	pany for Authorization to Tr renced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all corresp	ondence concerning this matter to the	e following:	
Rober	to M. Suarez		
	,	Name of Person	
Trueb	a & Suarez, PLLC		
	ļi	Firm/Company	
9150	5. Dadeland Blvd., Suite 1008		
		Address	
Miam	, FL 33143		
	City/S	State and Zip Code	<del></del>
tradema	rks@lex188.com		
	E-mail address: (to be use	ed for future annual report no	tification)
For further information of	oncerning this matter, please call:		
Roberto M. Sua	irez	305 482-10 at ()	01
<del></del> .	Name of Contact Person	Area Code Day	time Telephone Number
MAILING AD Division of Cor Registration Se P.O. Box 6327 Tallahassee, FL	porations ction	Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclosed is a check for t ■ \$125.00 Filin		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	1 1 1 0 1	. 7 71. 11 mm la	Carlo Name Carlo	1.00
	mine adopted for the purpose of transacting busines	ss in Florida. The alternate name must include "Limited I	Liability Company, "L.	LLC, or "LEC. )
2. Delaware		3. 45-3560805	imber, if applicable)	·
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI m	imber, ir applicable)	
October 31, 2011				
·	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	prior to registration )		
0500 011 011 011	(SEE SECTIONS 003,0704 & 003,0703, 1.3. to			
5. 8500 SW 8th Street (Street Address of F	Principal Office)	6. 8500 SW 8th Street	ddmss)	
Suite 238	The gai Office)	Suite 238		<b>1</b> 8
		Miami FL 33144		
Miami FL 33144	<del></del>	WIRITI F1, 33144	<u> </u>	<del></del>
7. Name and street addres	ss of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	1927 937 77	-5 T
Name:	Jose Luis Machado		<del></del>	
Office Address:	8500 SW 8th Street, Suite 238		9890 11840	) 2: 0 !
	Miami	, Florida <u>33144</u>	<u></u>	
	(City)	, riorida(Zipc	ode)	
designated in this applica to comply with the provisi	tion, I hereby accept the appointme	ee of process for the above stated limit ent as registered agent and agree to a roper and complete performance of m	ct in this capacii	y. I further
designated in this applica to comply with the provisi	tion, I hereby accept the appointme ions of all statutes relative to the pr	ent as registered agent and agree to a roper and complete performance of m t.	ct in this capacii	y. I further
designated in this applica to comply with the provisi and accept the obligation	tion, I hereby accept the appointments of all statutes relative to the pression of my position as registered agence.  (Registered a	ent as registered agent and agree to a roper and complete performance of m t.	ct in this capacity duties, and I a	y, 1 further m familiar v
designated in this applica to comply with the provisi and accept the obligations  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the press of my position as registered agent (Registered acceptance) and address of the person(s) when the person is and Address:	ent as registered agent and agree to acroper and complete performance of met.  agent's signature  the has/have authority to manage is/are:	ct in this capacity duties, and I a	y, 1 further m familiar v Address:
designated in this applica to comply with the provisi and accept the obligations  8. The name, title or capa	tion, I hereby accept the appointmions of all statutes relative to the press of my position as registered agent (Registered and address of the person(s) where the content of the person (s) where (s) whe	ent as registered agent and agree to acroper and complete performance of my t.  I	ct in this capacity duties, and I a  Name and Armando J.	y. I further m familiar v  Address: Guerra th St., Suite 2
designated in this applica to comply with the provisi and accept the obligations  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment ions of all statutes relative to the press of my position as registered agent (Registered and address of the person(s) where the statute is and address:  Agustin Herran  8500 SW 8th Street, Suite	ent as registered agent and agree to acroper and complete performance of my t.  I	Name and J. 8500 SW 80	y. I further m familiar v  Address: Guerra th St., Suite 2
designated in this applica to comply with the provisi and accept the obligations  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment ions of all statutes relative to the press of my position as registered agent (Registered and address of the person(s) where the statute is and address:  Agustin Herran  8500 SW 8th Street, Suite	ent as registered agent and agree to acroper and complete performance of my t.  I	Name and J. 8500 SW 80	y. I further m familiar v  Address: Guerra th St., Suite 2
designated in this applicate comply with the provisional accept the obligations  8. The name, title or capa Title or Capacity: Manager	rition, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agents (Registered and Address of the person(s) when the statute of the person of the p	ent as registered agent and agree to acroper and complete performance of my t.  I	Name and J. 8500 SW 80	y. I further m familiar v  Address: Guerra th St., Suite 2
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designated in this applicate comply with the provisional accept the obligations.  8. The name, title or capa Title or Capacity:  Manager  (Use attachments if necess). Attached is a certificate urisdiction under the law of the complete to complete the law of the th	rition, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agencies and address of the person(s) where the person of the person of the person of the person of existence, no more than 90 days of which it is organized. (If the certifications of the person of t	ent as registered agent and agree to acroper and complete performance of my t.  I	Name and Armando J.  8500 SW 81 Mianti FL.	Address: Guerra th St., Suite 233144
designated in this applicate comply with the provisionand accept the obligations.  8. The name, title or capate the or Capacity:  Manager  (Use attachments if necess). Attached is a certificate furisdiction under the law of the translator must be sufficed. This document is executed.	rition, I hereby accept the appointmentions of all statutes relative to the press of my position as registered agencity and address of the person(s) where and Address:  Agustin Herran  8500 SW 8th Street. Suite Miami FL 33144  sary)  of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605)	ent as registered agent and agree to acroper and complete performance of my t.  I	Name and Armando J.  8500 SW 81  Mianti FI.	Address: Guerra th St., Suite 233144

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HERGUE, 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 OCTOBER, A.D. 2018.

Authentication: 203565011

Date: 10-08-18