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FAX No.

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Division of Corporations

Florida Department of State
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Foreign Limited Liability Company
ALFORESTES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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81-1211

**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:

1. ALFORESTES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If same unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0582514

(File number, if applicable)

4. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration.
(See sections 603.0904 & 605.0905, F.S. to determine penalty liability))

5. 8500 WEST FLAGLER STREET

(Street Address of Principal Office)

STE: B-208

MIAMI, FL 33144

6. 8500 WEST FLAGLER STREET

(Mailing Address)

STE: B208

MIAMI, FL 33144

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MIGUEL HERNANDEZ

Office Address: 8500 WEST FLAGLER STREET STE: B-208

MIAMI

(City)

Florida 33144

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MOR

ANA MARIA ESTRADA ELIZALDE
8500 WEST FLAGLER ST. STE: B-208
MIAMI FL 33144

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (if the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

ANA MARIA ESTRADA ELIZALDE

Typed or printed name of signer

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The First State

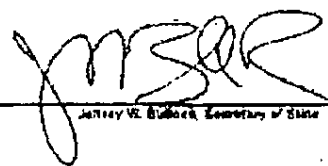
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ALFORESTES, LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALFORESTES, LLC"
WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2018.

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

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Jeffrey W. Bullock, Secretary of State

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