M19000001167

(Request	or's Name)	
(Address)	
(Address)	
(City/Stat	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing	Officer:	
W18-10204	1	130

Office Use Only



800320390698

2019 JAN 30 PH 2: 16

11/06/18--01808--018 ++125.00

RECEIVED NOV 0 5 2018

503 0 S 1

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ACADEMY INTER	RNATIONAL LLC				
SUBJECT.		Name of I	imited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence of	oncerning this matter to the	following:			
	JUAN MERCA	DAL				
		Na	ime of Person			
	OBS					
		Fi	rm/Company			
	1444 BISCAYI	NE BLVD SUITE 212				
			Address			
	MIAMI, FL 33	132				
		City/St	ate and Zip Code			
	CORP976@GM	AIL.COM				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	nformation concerning	g this matter, please call:				
JU	AN MERCADAL		305 at (417-99	19	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Centified Copy	ig 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 605,0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name mavadable, enter alternate o	ame adopted for the purpose of tran	sacting business in Florida	The alternat	e name must include "Limited I	.iability Comp	sany," "L.L.C," or	"LL.C.")
				-3957438			
DELAWARE (Jurisdiction under the law of w	high foreign limited liability compar	ny 15 organized)	3. <u>50</u>		unber, if applic	cable)	
01/01/2018	(Date first transacted busine) (See sections 605 0904 & 60	ss in Florida, if prior to reg	istration)				
		05,0905, F.S. to determine				77. 103	
1110 BRICKELL AV (Street Address of			6. <u>11</u>	10 BRICKELL AVEN	ddress)	15 404	
MIAMI FL 33131	(meipai Otace)			AMI FL 33131	,	,	<u>≥</u>
						-35	
		_ _		· · · · · · · · · · · · · · · · · · ·		- 1	S
None could see set address	ss of Florida registered a	nunt: /P.O. Box N	JOT acce	ntable)			19 JAN 30
Name and <u>street addres</u>				μασιο			Ö
Name:	ORANGE BUSINESS	S SOLUTIONS IN	<u>C</u>	-		<i>G</i> , C	PX
Office Address:	1444 BISCAYNE BL	VD STE 212				ن أثار	2.2
Office Address.			_	22122		四5	
	MIAMI			, Florida 33132 (Zip e	und=1	. <u> </u>	6
		(City)					
aving been named as resignated in this applicated in this application comply with the provis	etance: egistered agent and to action, I hereby accept the tions of all statutes relations of all statutes relations of the statutes relation as regions.	ecept service of pro e appointment as r ive to the proper a	registered	the above stated limit agent and agree to a	ed liabiliț ct in this c	capacity. I fi	urther a
aving been named as resignated in this applicated in this application comply with the provis	egistered agent and to a ution, I hereby accept th ions of all statutes relat	ecept service of pro e appointment as r ive to the proper a	registered	the above stated limit agent and agree to a	ed liabiliț ct in this c	capacity. I fi	urther a
aving been named as resignated in this applicated in this application comply with the provis	egistered agent and to a ution, I hereby accept th ions of all statutes relat	ecept service of pro e appointment as r ive to the proper a	registered nd compl	the above stated limit agent and agree to a	ed liabiliț ct in this c	capacity. I fi	urther a
aving been named as resignated in this applicated in this applicate comply with the provising accept the obligation	egistered agent and to a ution, I hereby accept th ions of all statutes relat	ecept service of prove appointment as rive to the proper as stered agent. (Registered agent's sign person(s) who has/	nd complement	the above stated limit agent and agree to a ete performance of m	ed liabiliç ct in this c y duties, c	capacity. I fi	urther a niliar wi
aving been named as resignated in this applicate comply with the provised accept the obligation. The name, title or cap	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as regis	except service of prove appointment as rive to the proper asserved agent. (Registered agent's sign person(s) who has/address:	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliç ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
esignated in this applicate comply with the provisional accept the obligation is a complete the obligation is a complete the complete the complete complete the complete complete complete the complete c	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as registered active and address of the Name and A	ecept service of prove appointment as rive to the proper assered agent. (Registered agent's sign person(s) who has/ddress:	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliț ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
aving been named as resignated in this applicate comply with the provise and accept the obligation. The name, title or capacity:	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as registacity and address of the Name and A JOSE MANUMINENO D 1110 BRICKE	ecept service of prove appointment as rive to the proper assered agent. (Registered agent's sign person(s) who has/ddress:	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliț ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
aving been named as resignated in this applicated in this application comply with the provisud accept the obligation. The name, title or capacity:	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as registacity and address of the Name and A JOSE MANU MORENO D 1110 BRICKE SUITE 402	(Registered agent's signerson(s) who has/ddress: JEL. ELGADO ELL AVENUE	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliț ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
aving been named as resignated in this application comply with the provised accept the obligation. The name, title or capacity:	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as registacity and address of the Name and A JOSE MANUMINENO D 1110 BRICKE	(Registered agent's signerson(s) who has/ddress: JEL. ELGADO ELL AVENUE	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliț ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
aving been named as resignated in this applicated in this applicate comply with the provisal accept the obligation. The name, title or capacity:	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as registacity and address of the Name and A JOSE MANU MORENO D 1110 BRICKE SUITE 402	(Registered agent's signerson(s) who has/ddress: JEL. ELGADO ELL AVENUE	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliț ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
aving been named as resignated in this application comply with the provised accept the obligation. The name, title or cap Title or Capacity:	egistered agent and to action, I hereby accept the ions of all statutes relatives of my position as registatives and address of the Name and A JOSE MANU MORENO DITIO BRICKE SUITE 402 MIAMI FL 32	(Registered agent's signerson(s) who has/ddress: JEL. ELGADO ELL AVENUE	nd complement	the above stated limit lagent and agree to a lete performance of m	ed liabiliț ct in this c y duties, c	capacity. I fi and I am fan	urther a niliar wi
aving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or caparity: P	egistered agent and to action, I hereby accept the ions of all statutes relates of my position as registacity and address of the Name and A JOSE MANU MORENO D 1110 BRICKE SUITE 402 MIAMI FL 32 MIAMI	(Registered agent's signerson(s) who has/ddress: ELGADO ELL AVENUE	have auth	the above stated limits agent and agree to a ete performance of meter performance of meters and the state of	ed liability ct in this d y duties, d	capacity. I fi	erther a niliar wi
Javing been named as resignated in this applicate comply with the provising accept the obligation. The name, title or caparity: P Use attachments if necessarily accept is a certificate.	egistered agent and to action, I hereby accept the ions of all statutes relatives of my position as registatives acity and address of the Name and A JOSE MANU MORENO D 1110 BRICKE SUITE 402 MIAMI FL 33 Security and acity and address of the Suite And A 100 MIAMI FL 33 Security acity of existence, no more that of which it is organized	(Registered agent's signerson(s) who has/ddress: ELGADO ELL AVENUE B131	have auth	the above stated limits agent and agree to a sete performance of manage is/are for Capacity:	ed liability ct in this of y duties, of	capacity. I fi	rther aniliar wa
Taving been named as resignated in this applicate comply with the provise accept the obligation. The name, title or caparite: P Use attachments if necessarisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arisdiction under the law for the translator must be seen as a certificate or the seen arised to the seen arised to the seen arisdiction under the law for the seen arised to the seen arised	acity and address of the Name and A JOSE MANU MORENO D HO BRICKE SUITE 402 MIAMI FL 32 SSary) e of existence, no more the of which it is organized aubmitted)	(Registered agent's signerson(s) who has/ddress: ELGADO ELL AVENUE 6131 han 90 days old, de. (If the certificate	have auther is in a for	the above stated limits agent and agree to a sete performance of manage is/are for Capacity:	ed liability ct in this of y duties, of : Nam having cu ation of the	capacity. I fi	rds in thunder o
Taving been named as resignated in this applicate comply with the provise accept the obligation. The name, title or caparity: P Use attachments if necessarisdiction under the law of the translator must be second. This document is executed.	acity and address of the Name and A JOSE MANU MORENO D HIO BRICKE SUITE 402 MIAMI FL 33 SSARY) c of existence, no more the of which it is organized submitted)	(Registered agent's sign person(s) who has/ddress: ELGADO ELL AVENUE 3131 han 90 days old, du. (If the certificate agent) section 605.0203 (have auther is in a for	the above stated limits agent and agree to a sete performance of manage is/are for Capacity: aticated by the official eign language, a translation or ida Statutes. I am away to in the control of the c	ed liability of in this of y duties, of 	stody of reco	rds in thunder o
Taving been named as resignated in this applicate comply with the provise accept the obligation. The name, title or caparity: P Use attachments if necessarisdiction under the law of the translator must be second. This document is executed.	rgistered agent and to action, I hereby accept the ions of all statutes relates of my position as registed acity and address of the Name and A JOSE MANU MORENO D 1110 BRICKE SUITE 402 MIAMI FL 32 MIAMI FL 32 with of existence, no more that of which it is organized submitted) cutted in accordance with the Department of States.	(Registered agent's sign person(s) who has/ddress: ELGADO ELL AVENUE 3131 han 90 days old, du. (If the certificate agent) section 605.0203 (have auther is in a for	the above stated limits agent and agree to a sete performance of manage is/are for Capacity: aticated by the official eign language, a translation or ida Statutes. I am away to in the control of the c	ed liability of in this of y duties, of 	stody of reco	rds in thunder o



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

DELAWARE, DO HEREBY CERTIFY "ACADEMY INTERNATIONAL 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 TWELFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACADEMY INTERNATIONAL LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2014.

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

at corp.delaware.gov/auti

Authentication: 203604291

Date: 10-12-18