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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 743435 7193352

AUTHORIZATION :

COST LIMIT : \$\sqrt{60.00}

ORDER DATE: April 29, 2019

ORDER TIME : 11:34 AM

ORDER NO. : 743435-010

CUSTOMER NO: 7193352

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: A&A, CO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	A&A, CO LLC
	Name of Limited Liability Company
The enc Existence	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the following:
	LAURA GUEMES CAMBRAS
	Name of Person
	HOLLAND & KNIGHT LLP  Firm/Company
	Firm/Company
	31W 52ND STREET
	Address
	NEW YORK, NY 10019
	City/State and Zip Code
	laura.guemes@hklaw.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	LAURA GUEMES CAMBRAS 212 5133214 at (
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy 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:

lf name unavailable, en	iter alternate n	ame adopted for the purpose of transacting business i	n Florida. The s	alternate name must include "Limited Liability	Company,"	"L.L.C," or	"LLC."
DELAWARE			2	83-1696898			
(Jurisdiction under	the law of w	nich foreign limited liability company is organized)	_ 3.	(FEI number, i	(applicable)	£.75	
MAY 1, 201	9				6.1 1.1	<b>를</b>	~
	····	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration termine penalty	n.) liability)	—>·	;; 	 
55 NE 5th A			6.	55 NE 5th Ave, Suite 501		>	į.
(Stree	t Address of P	rincipal Office)		(Mailing Address)		72	
Boca Raton	, FL 3343	32		Boca Raton, FL 33432		00	
. Name and stre	eet addres	s of Florida registered agent: (P.O. I	Box <u>NOT</u>	acceptable)			
Name:		Corporation Service Company					
Office A	Address:	1201 Hays Street					
		Tallahassee		32301 , Florida			
		(City)		(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.

Corporation Service Company By: Lydia Cohen

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Sergio D. Arana Manager 55 NE 5Th Ave Member Member Address: Suite 501 Authorized Authorized Boca Raton, FL 33432 Person Person Other\_ Other Other Manager Name: \_\_\_\_\_ Manager Member Address: ☐ Member Address: ☐ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other Other Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ Member Address: ☐ Member Address: \_\_\_\_\_ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Typed or printed name of signee

SERGIO D. ARANA

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "A&A, CO 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 TWENTY-NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGA, CO LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 202725409

Date: 04-29-19

6542840 8300 SR# 20193274763