## M1900004550

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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19 MAY -7 AM II: 2 DIVISION OF COSTORATO

B KINSEY MAY -8 2019

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/7/2019		**WALK IN**
ENTITY NAME AG PARI	ENT HOLDINGS, LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy Certified Copy Certificate of Status	
**P!	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION	ES REQUESTED	_
TOTAL OWED 125.00	снеск # <sup>6090</sup>	
Please call Tina at the	e above number for any issues or concerns. Thank you so	much!

## 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 alternate n	ame adopted for the purpose of transacting business in Flo	orida. The al	terrinte name imist include "Limited Liabi	fity Company," "L.L.C," or "LL.	C.")
2 Delaware					
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		•	
4.					
-	(Date first transacted business in Florida, if prior to (See acctions 605.0904 & 605.0905, F.S. to determ				
5. 3119 Ponce de Leon Blvd 6. 3 (Street Address of Principal Office)		3119 Ponce de Leon Blvd (Mailing Addre	~	2.547	
		(Mailing Address)			
Cotal Gaoles LT 2313	·		Coral Gaoles 1 E 33134		- 1
7 Name and street address	s of Florida registered agent: (P.O. Bo	v NOT s	eccentable)	_1	·
7. Name and street agores		· <u>1101</u>	iccopilloto)	5.1	
Name:	Deepak Abbhi			<u>ب</u>	•
Office Address:	3119 Ponce de Leon Blvd		<del></del>	50	
	Coral Gables		, Florida 33134 (Zip code		
	(City)		, riorida(Zip code	)	
	(Registred ag	HAA.	re)		
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who h		authority to manage is/are:	Name and Address	į
Chairman	Deepak Abbhi				
Orialitidi	3119 Ponce de Leon Blyd Coral Gables FL 33134				
		<del></del>			
<del></del>		_			
(Use attachments if neces	sary)				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)	, duly au ite is in a	thenticated by the official har foreign language, a translati	ving custody of record on of the certificate un	s in the der oath
10. This document is executed submitted in a document to	uted in accordance with section 605.020 the Department of State constitutes a th	)3 (1) (b) hird degr	, Florida Statutes. I am aware ee felony as provided for in s	c that any false informa i.817.155, F.S.	tion
	De MAN ALLA				
	Signature	of an autho	rized person	<del></del> ,	
	Deepak Abbhi				
		or printed na	me of signee		

Page 1

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "AG PARENT 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 SIXTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG PARENT HOLDINGS, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2019.

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

Authentication: 202771444

Date: 05-06-19

7365367 8300 SR# 20193570317