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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 : (702)866-2500 Fax Number : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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Foreign Limited Liability Company AmeriCuba Consumer, LLC

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Help

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	,	COVER LETTER
	gistration Section Islon of Corporations	
SUBJECT:	AmeriCuba Consumer, LLC	
	Name	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid
Please return	all correspondence concerning this matter to	the following:
	Jennifer Sharp	
		Name of Person
	InCorp Services, Inc.	
		Firm/Company
	3773 Howard Hughes Pkwy. · Şı	ulte 500S
		Address
	Las Vegas, NV 89169-6014	
	Ci	ity/State and Zip Code
	documents@incorp.com	
	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, please call:	:
Jennife	or Sharp on behalf of InCorp Services,	, Inc 800-246-2677
	Name of Contact Person	Area Code Daytime Telephone Number
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clirton Bullding 2661 Executive Center Circle Tallahassee, FL 32301
Div Reg P.O Tall Enc Plea	ision of Corporations istration Section . Box 6327	Division of Corporations Registration Section Clirton Bullding 2661 Executive Center Circle Tallahassee, FL 32301

H19000157603

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY CLIMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: I. AmeriCuba Consumer, LLC (Name of Foreign Limited Limbility Company, must include "Limited Liability Company," L.L.C.," or "LLC.") (if carrie treaveshile, soor attenues name adopted for the purpose of transacting business in Florida. The alternam name must include "Limited Liability Company," "LL.C." or "F.I.C.") (Installation under the last of which temps littled liability ecospany is expanded) (PRI purchar, if auricobie) 4. Upon Registration enstacted business in Flancis, of prior to registration.)
no 603,0904 & 603 0905, F.S. to determine possibly hisbility) 333 Palmetto Promenade Unit 820 6. 333 Palmetto Promenade Unit 820 (Stress Addison of Principal Office) Boca Raton, Florida 33432 Boca Raton, Florida 33432 101 11.2 11.1 1.1.14 bitter: 7. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Namo: 17888 67th Court North Office Address: Loxahatchee , Florida <u>33470</u>

Registered agent's acceptance:

Having been named as registived agent end to accept service of process for the above stated limited liability company at the place davignated in this application, I bareby accept the appointment of 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 deties, and I am familiar with and accept the obligations of my position as registered agents

Jennifer Sharp on behalf of Incorp Services, Inc.

M190001576063

Title or Capacity: Manager	Name and Address: Name: Mark Teufel	Title or Capacity: Manager	Name:	Debad Ducan	<u>ne and Address:</u> uFour	
☐Member	Address: 333 Palmetto Promenade Unit 820	Member		333 Palmetto Promenade Unit		
Authorized	Boca Raton, Florida 33432	☐ Authorized	Boca Reton, Florida 33432			
Parson		Person				
Other	Other	Other	Other			
■Manager	Name: Saul Scronthal	Manager	Name: Anibal Quevedo Name: 333 Palmetto Promenade Unit 6			
Member	Audress: 333 Palmetto Promenade Unit 8	☐ Member				
Authorized	Boca Raton, Fiorida 33432	Authorized	Boca Raton, Florida 33432			
Person		Person				
Othor	Other	Other		Other_		
Manager	Name:	Manager	Nume:		99.80	
Member	Address:	Member	Address	i:	<u>اور</u> درو	· ·
Authorized		Authorized				=
Person		Porpori		···	· ·	· ·
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9. Attached is a certiful jurisdiction under the of the translator must	icate of existence, no more than 90 days old, duly a law of which it is organized. (If the certificate is in be submitted)	uthenticated by the o a foreign language, o	fficial tu transla	aving custody of re tion of the certifica	coords in sto water	i the routh
10. This document is submitted in a docum	executed in accordance with section 605.0203 (1) (out to the Department of State constitutes a third department	b), Florida Statutas. I gree felony as provide	am awa of for in	re that my false in \$617.155, F.S.	formatio	n

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMERICUBA CONSUMER, 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 FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICUBA"

CONSUMER, LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2019.

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

7398532 8300 58# 20193849490

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jaffrey W. Barmal, Successory of States

Authentication: 202816653

Date: 05-14-19