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(City/State/Zip/Phone #)

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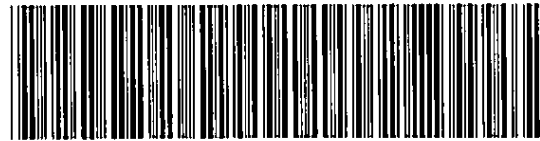
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 25 PM 3:39
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TALLAHASSEE, FLORIDA

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HARRIS BEACH ^{PLLC}
ATTORNEYS AT LAW

June 20, 2019

677 BROADWAY, SUITE 1101
ALBANY, NY 12207
(518) 427-9700

ELLIOT A. HALLAK
PARTNER (MEMBER)
DIRECT: (518) 701-2748
FAX: (518) 427-0235
EHALLAK@HARRISBEACH.COM

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Citron Commodities, LLC
Application by Foreign Limited Liability Company

Dear Sir or Madam:

This firm represents Citron Commodities, LLC.

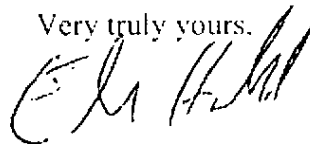
Enclosed for filing with the Florida Division of Corporations is the Cover Letter, Application by Foreign Limited Liability Company and Certificate of Designation of Registered Agent of Citron Commodities, LLC. Additionally enclosed, please find a check in the amount of \$155.00 representing the filing fee for Application and Certified Copy charge.

Please return the copy of the requested document to my attention in the enclosed return self-addressed carrier label.

Elliot A. Hallak, Esq.
Harris Beach, PLLC
677 Broadway, Suite 1101
Albany, NY 12207

If you have any questions please feel free to contact me at (518) 701-2748 or
ehallak@harrisbeach.com.

Very truly yours,



Elliot A. Hallak

EAH

Enclosures

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2019 JUN 25 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CITRON COMMODITIES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ELLIOT A. HALLAK

Name of Person

HARRIS BEACH PLLC

Firm/Company

677 BROADWAY, SUITE 1101

Address

ALBANY, NEW YORK 12207

City/State and Zip Code

EHALLAK@HARRISBEACH.COM

E-mail address: (to be used for future annual report notification)

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2018 JUN 26 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

ELLIOT A. HALLAK

518

701-2748

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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. CITRON COMMODITIES, LLC

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

(If name 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. TEXAS

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

3.

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

3773 RICHMOND AVENUE

5.

(Street Address of Principal Office)

SUITE 525

HOUSTON, TEXAS 77046

3773 RICHMOND AVENUE

6.

(Mailing Address)

SUITE 525

HOUSTON, TEXAS 77046

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

Name:

CORPORATION SERVICES COMPANY (CSC)

Office Address:

1201 HAYS STREET

TALLEHASSEE

(City)

, Florida

32301

(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.

Christa Fugh, Assistant Secretary
(Registered agent's signature)

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2019 JUN 25 PM 3:39
CLERK OF STATE
TALLAHASSEE FLORIDA

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]:


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert Etri	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3131 NE 7TH AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	APT # 2206	<input type="checkbox"/> Authorized	_____
Person	MIAMI, FLORIDA 33137	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 JUN 26 PM 9:39
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



 Signature of an authorized person
 Robert Etri

 Typed or printed name of signee

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

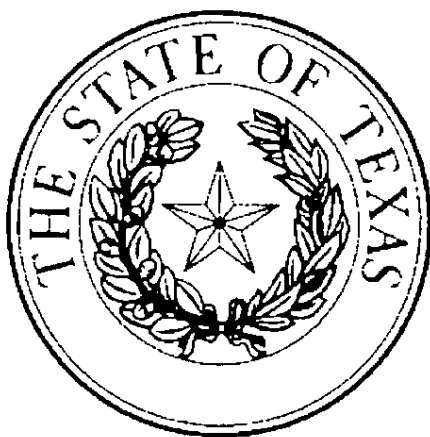
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Citron Commodities, LLC (file number 802675690), a Domestic Limited Liability Company (LLC), was filed in this office on March 15, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 14, 2019.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State