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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

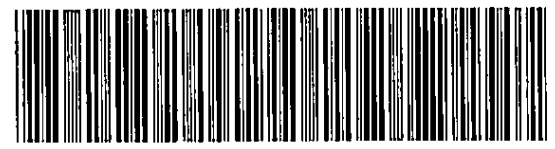
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MILWAUKEE, FLORIDA

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AUG 12 2019

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Drummond Consulting 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:

Michel de Amorim

Name of Person

Drummond Consulting LLC

Firm/Company

601 Brickell Key Drive, Suite 901

Address

Miami, FL 33131

City/State and Zip Code

consulting@drummondadvisors.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Name of Contact Person at (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. Portofino LLC

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

Portofino Florida 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. Montana

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

3. 82-5018983

(FEI number, if applicable)

4. 07/24/2019

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

5. 1200 Brickell Avenue, suite 650

(Street Address of Principal Office)

Miami, FL 33131 USA

6. 1200 Brickell Avenue, suite 650

(Mailing Address)

Miami, FL 33131 USA

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

Name:

Arbitral Administrative Services, Inc.

Office Address:

1200 Brickell Avenue suite 650

Miami

(City)

Florida

33131

(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.

(Registered agent's signature)

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):

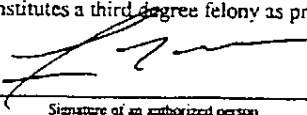
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Folkston Finance S.A.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Francisco Malzoni</u>
<input checked="" type="checkbox"/> Member	Address: <u>Trident Chambers,</u>	<input type="checkbox"/> Member	Address: <u>800 S Point Dr Apt 1001</u>
<input type="checkbox"/> Authorized	<u>P.O. Box 146, Road Town, Tortola</u>	<input type="checkbox"/> Authorized	<u>Miami Beach, FL 33139</u>
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 _____
 <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 _____

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**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

Francisco Malzoni

Typed or printed name of signer



## MONTANA SECRETARY OF STATE

Return Method: Email

July 26, 2019

### REQUEST FOR INFORMATION

Business Name: PORTOFINO LLC

We have processed your request. Thank you for giving this office the opportunity to serve you.

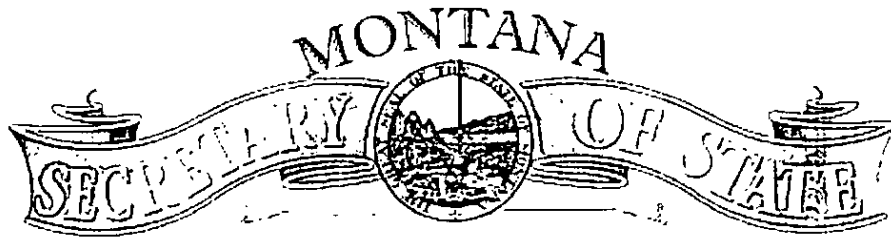
For questions regarding this request please contact the Business Services Division at (406) 444-5522.

Sincerely,

A handwritten signature in black ink, appearing to read "Corey Stapleton".

Corey Stapleton  
Montana Secretary of State

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## CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

**PORTOFINO LLC**

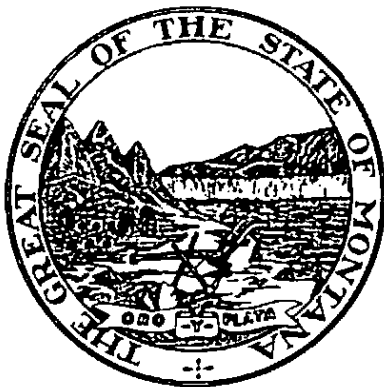
duly filed its Articles of Organization in this office on **December 07, 2017**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 26th day of July, 2019.

**COREY STAPLETON**

Montana Secretary of State

Certificate Number: 072620190553

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