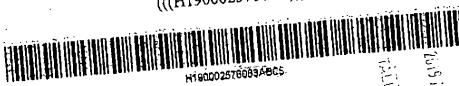
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 : (800) 906-9220 Phone

: (800)906-9880 Fax Number

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

gmail Address:

Foreign Limited Liability Company TNT GIGINO HOLDING LLC

TNT GIGINO HO	
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COVER LETTER

JECT:		Liability Com	pany
stence, and c	pplication by Foreign Limited Liability Company for heck are submitted to register the above referenced fi		to Transact Business in Florida," Ce iability company to transact business
ase return all	correspondence concerning this matter to the follow	ing:	
	SAL ABECASIS		
	Name of	Person	
	ALLSTATE CORPORATE SERVICES CORP.		
	Firm/Co	жиралу	J. 1.5
•	2215 HENDRICKSON STREET, SUITE 1	_	
		ircss	
	BROOKLYN, NY 11234	_	
		ind Zip Code	1
	FILING@ACS123.COM		<u> </u>
	E-mail address: (to be used for	future annual r	eport notification)
For further in	formation concerning this matter, please call:		
		800	906-9220
27	Name of Contact Person	Area Codo	Daytime Telephone Number
<u>M.</u>	II ING ADDRESS		STREET ADDRESS: Division of Corporations Registration Section
Rep	rision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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: TNT GIGINO HOLDING 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 Floride. The alternate name must include "Limited Limited Limite DELAWARE (juntdiction under the law of which foreign lieuted liability company is organized) (Date first transacted business in Florids, it prior to registration.) (See sections 605 0904 & 505 0905, P.S. to detarmine penalty liability) 409 ESPANOLA WAY. 409 ESPANOLA WAY (Street Address of Principal Othice) MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 7. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable) MARIO TARRICONE Name: 409 ESPANOLA WAY Office Address: MIAMI BEACH (City)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity; MARIO TARRICONE Name: __ Manager Name: Manager 409 ESPANOLA WAY Address: ___ Member [Address: Member ... MIAMI BEACH, FL 33139 Authorized Authorized Person Person Other_ Other__ Other_ Name: Manager | Manager Address Member Address: _ ☐Member Authorized []Authorized Person ١ن Person Other_ Other. ______Other_____ Other_ Name: __ Manager Manager Manager Address: ___ ☐ Member Authorized Authorized Person Person Other_ 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. Signature of an authorized person STEVEN WEISS Typed or printed same of signed

Page 1

Delaware The First State

I, JEFTREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THT GIGINO HOLDING 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-SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INT GIGINO HOLDING LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2019.

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

A PARTICIPATION OF THE PARTICI

Authentication: 203478244

Date: 08-27-19

7563312 8300

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