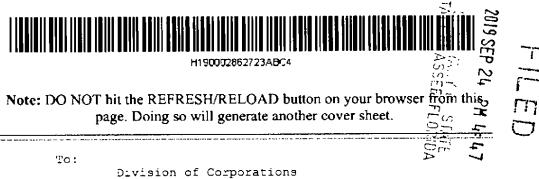
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000286272 3)))



Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-55CC Phone Fax Number : (800)432-3622

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

Email Address:	 <u> </u>	
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Foreign Limited Liability Company MC GIRONA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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COVER LETTER

υ ΒJΕC Τ:	IC GIRONA LLC					
		Name of	Limited Liability C	Сотралу		
e enclosed "/	Application by Foreign check are submitted to	Limited Liability Compregister the above refer	pany for Authoriza enced foreign limit	tion to Transact Bus ed liability company	siness in Florida," y to transact busin	Certificate ess in Florie
ease return al	l correspondence conce	eming this matter to the	following:)	T
	Joan Papadakis, CF	0			P 21	
		N	ame of Person		m	T
	Claure Group				PM 4:47	\Box
		F	irm/Company		- 1	
	200 S. Biscayne Bl	vd., Suite 4420				
			Address			
	Miami, FL 33131					
		City/S	State and Zip Code			
	joan@clauregroup.co	om				
	Ē-	mail address: (to be use	d for future annual	report notification)		
or further infe	ormation concerning thi	s matter, please call:				
Rebec	cca G. Distefano		561 ut (955-7654		
	Name of Co	intact Person	Area Code	Daytime Tele	phone Number	
Divisi Regist P.O. I	on of Corporations tration Section 30x 6327 hassee, FL 32314			STREET ADDRI Division of Corpor Registration Section Clifton Building 2661 Executive Con Tallahassee, FL 32	rations on enter Circle	
Enclo Please	sed is a check for the formake check payable t	ollowing amount: o: FLORIDA DEPAR'	TMENT OF STA	ГЕ		
		S130.00 Filing Fee	_		\$160.00 Filing	Fee. Certifi

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:

ie unavailable, enter alternate name ad	ed Liability Company, must include "Limited I	Liability	Company," "L.L.C.," or "LLC.")
			SEP SEP
elaware	Sopted for the purpose of transacting business in Flurida	ls, The alt	emate name must include "Limited Liability Company," J. C. "or "II C."
		7	m 👳 m
(Jurisdiction under the law of which for	reign limited liability company is organized)	.د	(FEI number, if applicable)
September 20, 2019			0 · · · · · · · · · · · · · · · · · · ·
	(Date first transacted beamoss in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. tn determine	gistration. penalty l	ability)
200 South Biscayne Blvd, S	Suite 4420		200 South Risesame Blvd. Suite 4420
(Street Address of Principal	el Office)	υ,	(Mailing Address)
Miami, FL 33131			Miami, FL 33131
	Florida registered agent: (P.O. Box) apítol Corporate Services, Inc.	NOT a	cccptable)
51. Office Address:	5 E. Park Ave., Floor 2		
Tε	allahasset		32301 , Florida
	(Ciry)		(Zap code)

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]:

Title or Capacity:	Name and Address: R. Marcelo Claure	Title or Capacity:	Claure Commist C
Manager	Name:	Manager	Name:
Member	Address: 200 South Biscayne Blvd	Member	Address: 200 South Biscayne Blvd
Authorized	Suite 4420	☐ Authorized	Suite 4420 / 2
Person	Miami, FL 33131	Person	Miami, FL 33131
Other	Other	Other	ORING 5
Manager	Name: R. Marcelo Claure	Manager	Name:
Member	Address: 200 South Biscayne Blvd	☐ Member	Address:
	Suite 4420	Authorized	
Person	Miami, FL 33131	Person	
Other President	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
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. Non-indexed individuals may be added to the index when filling 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.

Rebacoa G. DiStefano

Typed or printed name of suprec

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MC GIRONA LLC" IS DULY FORMED UNDER.

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A SOLUTION OF SEPTEMBER, A.D. 2019.

THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

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

7617602 8300 SR# 20197200737

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

MSUS

Authentication: 203658398

Date: 09-24-19