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(1	Requestor's Name)	
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PICK-UP	WAIT	MAIL
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	Document Number)	
Certified Copies	Certificates of	Status
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SUCHE TARY OF STATE TALLAHASSEE, FLORIDA

2019 OCT 14 PH 4: 47

TILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

7:

ACCOUNT NO. : 12000000195

REFERENCE :

7131809

AUTHORIZATION

COST LIMIT

ORDER DATE: October 10, 2019

ORDER TIME : 4:45 PM

ORDER NO. : 954616-005

CUSTOMER NO: 7131809

FOREIGN FILINGS

NAME: VENTANA SERRA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

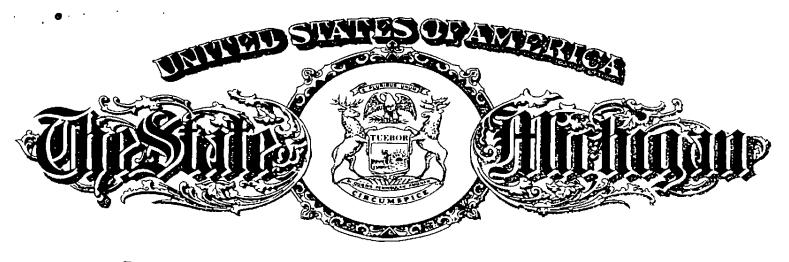
TO:	Registration Section Division of Corporation	ons					
SUBJEC	VENTANA SERR	A LLC					
		Name of L	imited Liability	Company		•	
The encle Existence	osed "Application by Fo e, and check are submitt	oreign Limited Liability Compa ed to register the above referen	ny for Authoriz seed foreign lim	ation to Trans ited liability c	act Business in Florida," ompany to transact busin	nes ⊊iù Flo	ite of orida.
Please re	turn all correspondence	concerning this matter to the fo	ollowing:		CUET	9 OCT	T
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	599 Lexington	Avenue - FL 24					
			Address	··· <u>-</u>			
	New York, NY	10022					
		City/State	e and Zip Code				
	ADejana@arces	e.com					
		E-mail address: (to be used to	or luture annual	report notifica	ation)		
or further	r information concernin	g this matter, please call:			ŕ		
K	Constantinos Melitsanop	a	212 nt (549-0335			
	Name o	f Contact Person	Area Code	Daytime	: Telephone Number		
D Ro P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			STREET AT Division of C Registration S Clifton Buildi 2661 Executivation S Tallahassee, F	orporations Section ing ve Center Circle		
Er Ple	nclosed is a check for the ease make check payabl	e following amount: e to: FLORIDA DEPARTMI	ENT OF STAT	E.			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	-	Filing Fee &	\$160.00 Filing Fo		cate

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:

(Name of Foreig	LLC in Limited Liability Company; must include "Limi	ted Liability Con	npany," "L.L.C.," or "LLC?) (
unavailable, enter alternate	name adopted for the purpose of transacting business in f	londs. The alternate	name must include "Limited Liability Company" L I. C. "cr "LLC."	
chigan			SF-2 177	
misdiction under the law of v	Such foreign limited liability company is organized)	3	(FEI number, if applicable)	
			0=	
ctober 10, 2019			음을 5	
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter	o registration.) nine penalty liability	9)	
301 NW 74 Ave., S			1 NW 74 Ave., Suite 216	
(Sueet Address of	Principal Office)	6	(Mailing Address)	
AMI Florida 3312	22		,	
AIVII FIORIO 3312	22	MIA	MI Florida 33122	
me and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo:	 x <u>NOT</u> accept	table)	
me and <u>street addres</u> Name:	SS of Florida registered agent: (P.O. Bo:	x <u>NOT</u> accept	table)	
		x <u>NOT</u> accept	table)	
Name:	ANDREA FANTI		- - 33132	
Name:	ANDREA FANTI 1040 Biscayne Bld., Suite 2507		_	
Name: Office Address: cred agent's accept the been named as replication of the provision	ANDREA FANTI 1040 Biscayne Bld., Suite 2507 Miami (Cay) tance: gistered agent and to accept service of price of price of price of the appointment and the appointment are appointment and the appointment are appointment and the appointment are appointment and accept the appointment are appointment and accept the appointment are appointment are appointment are appointment and accept the appointment are appointment and accept the appointment are accept the accept	process for th s registered a	- - 33132	

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: Title or Capacity: Name and Address: VENTANA CARGO USA INC. Manager Manager Name: c/o Funaro & Co. P.C. Member ☐ Member Address: 350 Fifth Avenue · 41st Floor Authorized Authorized New York, NY 10118 Person Person Other Other Other_ ANDREA FANTI Manager Manager Manager Name: 1040 Biscayne Bld., Suite 2507 **■**Member Member Address: Miami, FL, 33132 (USA) Authorized Authorized Person Person Other Other___ Other Other_ Name: UMBERTO CELLA Manager Manager Name: ____ Address: 4136 Boston Ct. Member Member Address; Weston, FL, 33331 (USA) 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 han 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.





Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That VENTANA SERRA LLC

was validly authorized on April 11, 2016, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19106114090

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of October, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau