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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2019

RUBEN PIMENTEL PO BOX 268474 WESTON, FL 33326

SUBJECT: PIMCO LLC

Ref. Number: W19000086484

We have received your document for PIMCO LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 619A00019803

Yvette Scott Document Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSIN IN FLORIDA

IN COMPLIANCE BYTH SECTION 605.0802, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIA COMPANY/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA

li name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Housida. The alternate name must themselve	"I imited Liabilit	v Company "LLC" or "LLC	٠.
DELAWARE		3 81-1774531			
	hich loreign limited hability company is organized)		(FE) muribo),	it applicable)	
1 .					
	(Date first transacted business in Flooda, if prior (See sections 695-0904 & 605-0905 F.S. to dete	ermine penalty liability			
5. 120 NW 48TH AVE N		6. PO BOX 268474	WESTON F		
Otreet Address of	Anicipal Office)	!	(Naming Numers	" ! 2	
4				10	•
				TI WIN	
7. Name and street address	ss of Florida registered agent: (P.O. B	Box NOT acceptable)		7.5	
Name:	SPIEGEL & UTRERA, P.A.			SEE 7	;
	1840 Corał Way 4th Floor			PH 4: 42 EFFLORID	: [
Office Address:			3145	022	-
	Miami / pCuy 4	, Florida <u>3</u> .	/ (in colle)	— ₽: 2	
Having been named as re designated in this applica- to comply with the provis	1 7 11	it as registered agent and ag per and complete performan	ree to act in	i this capacity. I furti	her a
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation	ntance: egistered agent and to accept service of ution, I hereby decept the appointment sions of all stations relative to the pro- us of my position as registered agent.	nt as registered agent and ager and complete performan	ree to act in ace of my di	i this capacity. I furti	her a ar w.
Having been named as redesignated in this applicate to comply with the provisional accept the obligation (2007). 8. The name, title or cap	egistered agent and to accept service ontion. I hereby accept the appointment ions of all stations relative to the project of my position as registered agent. (Registered agent and address of the person(s) who Name and Address:	nt as registered agent and agent and complete performant complete	ree to act in ace of my di	n this capacity. I further the function of the	her a ar w.
designated in this applicate comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity:	ntance: egistered agent and to accept service ontion. I hereby accept the appointmentations of all statutes relative to the project of my position as registered agent. (Registered agent and address of the person(s) who	per and complete performant int's signature! o has/have authority to manage	ree to act in ace of my di	n this capacity. I further the function of the	her a ar w.
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Having been named as redesignated in this applicate to comply with the provisuand accept the obligation. 8. The name, title or cap Title or Capacity: MGR. (Use attachments if nece.)	ntance: egistered agent and to accept service of the appointment of the appointment of the appointment of the property of the person(s) who was and address: RUBEN PIMENTEL PO BOX 268474 WESTON FL 33326 ssary) e of existence, no more than 90 days of the of the person	per and complete performant and agree and complete performant and a signature. The or Capacity:	official hav	Name and Address:	her a ar w.

Typed or printed name of signer

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

DELAWARE, DO HEREBY CERTIFY "PIMCO, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIMCO, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2016.

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

MILAHÁSSEE FLORIDA

5979875 8300

SR# 20197271062

Authentication: 203686922

Date: 09-30-19