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Certified Copies	Certificates	of Status
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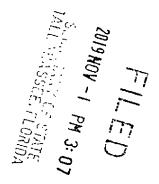
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Y SCOTT



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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Armar Capital USA LLC

Application of a foreign LLC to transact business in Florida

FL ref. #: W19000093031 | Ltr #: 619A00021631

Dear Ms. Scott:

Further your letter dated October 19, 2019, enclosed herein, please find enclosed the requested check for \$777.50 for the imposed civil penalty and annual report filing fees. This payment should allow Armar Capital USA LLC's application by Foreign Limited Liability Company for Authorization to Transact Business in Florida to be processed.

وا ر

The initial application check for \$155.00, for the filing fee and a certified copy, has already been deposited by the Florida Department of State.

If you have any further questions, do not hesitate to contact me.

Sincerely,

Raquel Dawson, CPA

RD:ps

Enclosures

Cc: Mr. Hernando Iturralde



October 19, 2019

MICHAEL MEADE 3250 MARY STREET STE:301 COCONUT GROVE, FL 33133

SUBJECT: ARMAR CAPITAL USA LLC

Ref. Number: W19000093031

We have received your document for ARMAR CAPITAL USA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

Yvette Scott Document Specialist II

Letter Number: 619A00021631

RECEIVED NOV 0 1 2019

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJEC	ARMAR CAPITAL U	SA LLC					
SUBJE	Ų I ·	Name of Limited Liability Company					
The enc	losed "Application by Foreige, and check are submitted	gn Limited Liability Company to register the above reference	for Authoriza d foreign limit	tion to Transact Business i ed liability company to tra	n Florida, nsact busi	" Certif ness in	icate of Florida.
Please re	eturn all correspondence cor	ncerning this matter to the folk	owing;		Z,	20	
	MICHAEL MEA	DE				- AON 6102	
	Name of Person					. A(
	DAWSON & ASSOCIATES, CPA, PA					_ - ⊒	FILED
	Firm/Company					H 3: 07	
	3250 MARY STREET, STE. 301					07	
		Ac	idress			=	
	COCONUT GRO	OVE. FL 33133					
		City/State	and Zip Code			-	
	MMEADE@FLAG	CPA.COM					
		E-mail address: (to be used for	future annual	report notification)	_	_	
For furtl	ner information concerning	this matter, please call:					
	MICHAEL MEADE	al	305	443-1500			
	Name of	Contact Person	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 C Tallahassee, FL 32301			
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTMI	ENT OF STA	TE			
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160	0.00 Filing atus & Ce		

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 Foreign	Limited Liability Company, must include "Limite	d Liability (Company," "L.L.C.," or	"LLC.")		
				∄ ∴	20	
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orada. The alte	mate name must include "L	imited Liability Comp	an olo ().	. C." or "1.L
DELAWARE	·		90-0997536	::: ::::::::::::::::::::::::::::::::::	AON -	
(Jurisdiction under the law of wh	mch foreign lumited liability company is organized)			(FEI number(if applie	capici.	
09/14/2017					₽ 3	
-	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) use penalty lia	ability)	210 210	3: 07	
3250 MARY STREET			3250 MARY STRE		7	
(Street Address of F	Principal Office)		(Ni	ailing Address)		
COCONUT GROVE.	FL 33133	(COCONUT GROV	E, FL 33133		
		_				
		-				
	Annual Control of the	. NOT -	\-\			
Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	eceptable)			
.	DAWSON & ASSOCIATES, CPA, F	°А				
Name:						
Name: . Office Address:	3250 MARY STREET, STE, 301					
	3250 MARY STREET, STE, 301 COCONUT GROVE			133		

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 misposition as registered agent.

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:				
Manager	Name: DANIEL ARAF HOP	Manager	Name:				
Member	Address: 3250 MARY ST., STE, 301	Member	Address:				
Authorized	COCONUT GROVE, FL 33133	Authorized	20 TAL				
Person		Person					
Other	_	Other					
			ल -				
☐Manager	Name: ARMAR CAPITAL ONE INC	☐ Manager	Name: SEA &				
Member	3250 MARY ST., STE. 301 Address:	Member	Address:				
Authorized	COCONUT GROVE, FL 33133	Authorized					
Person		Person					
Other	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 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.							
		rdre of appropriated person					
	DANIEL ARAF HOP - MANAGIN	G MEMBER					

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARMAR CAPITAL USA 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-FOURTH DAY OF SEPTEMBER, A.D. 2019.

TALL SSEE SINGEN

5350985 8300 SR# 20197194289 Authentication: 203660091

Date: 09-24-19