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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

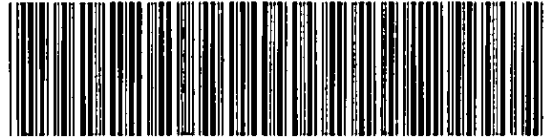
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 DEC -4 PM 12:41
ST. CLAY COUNTY
TALLAHASSEE, FLORIDA

FILED

JAN 06 2020
T. LEMIEUX



Arrufat Gracia PLLC

December 2, 2019

Florida Department of State Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Registration of a Foreign Limited Liability Company for
Authorization to Transact Business in Florida**

Dear Officer:

Please find enclosed a signed application for registration of Nani Marquina USA, LLC., a foreign Limited Liability Company, for authorization to transact business in the state of Florida. Please also find a Certificate of Good Standing from the state of incorporation (Delaware) dated November 20, 2019 and a check in the amount of \$160 for filing fee, Certificate of Status and Certified Copy.

Please do not hesitate to contact us if you need additional information or have any questions.

Sincerely,

Grisel Blanco-Obregon

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NANI MARQUINA USA, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOSE MARIA ARRUFAT GRACIA

Name of Person

ARRUFAT GRACIA, PLLC

Firm/Company

54 WEST 40TH STREET, SUITE 816

Address

NEW YORK, NEW YORK 10018

City/State and Zip Code

MAIL@ARRUFATLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRISEL BLANCO-OBREGON

212

244-8190

Name of Contact Person

at ()

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 Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED

2019 DEC -4 P 13:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1. NANI MARQUINA USA, 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 Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 98-0688249

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 603.0904 & 605.0905, F.S. to determine penalty liability)

5. 588 Broadway, Suite 607

(Street Address of Principal Office)

New York, NY 10012 (USA)

6. C/O Arrufat Gracin, PLLC

(Mailing Address)

54 West 40th Street, Suite 816

New York, New York 10018

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 NORTH CALHOUN STREET, SUITE 4

TALLAHASSEE

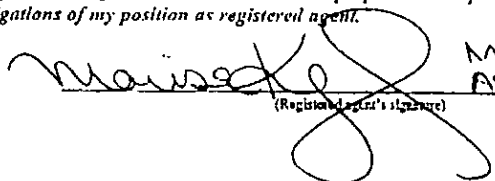
(City)

Florida 32301

(Zip code)

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 my position as registered agent.


(Registered agent's signature) Marisa Kugelmann
Asst. Secretary

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:

☐ Manager Name: Nani Marquina, S.L.

☒ Member Address: Església, 10 3º D

☐ Authorized 08024 Barcelona, España

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Maria Piera Marquina

☐ Member Address: Església, 10 3º D

☐ Authorized 08024 Barcelona, España

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

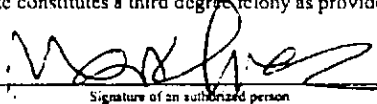
Person _____

☐ 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.


Signature of an authorized person

MARIA PIERA MARQUINA
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NANI MARQUINA 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 TWENTIETH DAY OF NOVEMBER, A.D. 2019.



4925581 8300

SR# 20198191061

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204046836

Date: 11-20-19