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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.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

Foreign Limited Liability Company
ISCAFISI LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

2020 JAN 24 PM 12:16

2020 JAN 24 PM 1:55

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JAN 27 2020

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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:

SCAFISI LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

If unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3.

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

Address of Principal Office)

6.

(Mailing Address)

15 NW 7th Avenue

15 NW 7th Avenue

Fort Lauderdale, FL 33311

Fort Lauderdale, FL 33311

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

Name:

MARCELO DALLE NOGARE

Office Address:

15 Northwest 7th Avenue,

Fort Lauderdale

(City)

, Florida

33311

(Zip code)

Registered agent's acceptance:

I, being 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)

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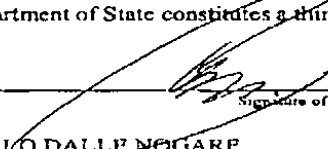
For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|---|--------------------------------------|--------------------------------------|
| Manager | Name: MARCELO DALLE NOGARE | <input type="checkbox"/> Manager | Name: _____ |
| Member | Address: 2999 NE 191 Street., Suite 403 | <input type="checkbox"/> Member | Address: _____ |
| Authorized | Aventura, FL, 33180 | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| Other | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| Other | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| Other | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-attached individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 a translator must be submitted)

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
MARCELO DALLE NOGARE

Typed or printed name of signer

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ISCAFISI 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 JANUARY, A.D. 2020.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISCAFISI LLC"
WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2019.

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

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Jeffrey W. Bullock, Secretary of State

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SR# 20200530886

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

Authentication: 202251692

Date: 01-24-20