

M 20000005756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

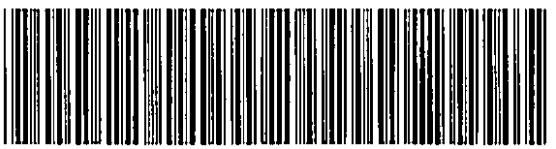
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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.

1. ROOFTOP DEVLAB LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC."

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

3. 83-4048931  
(PEI number, if applicable)

4. 03/19/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3050 BISCAYNE BLVD  
(Street Address of Principal Office)

6. 3050 BISCAYNE BLVD  
(Mailing Address)

SUITE 302

SUITE 302

MIAMI, FL 33137

MIAMI, FL 33137

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MAR 26 AM 10:48  
CLERK OF CIRCUIT COURT  
MIAMI, FLORIDA

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

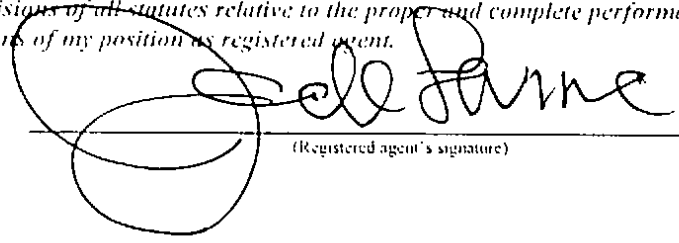
Name: JACK LEVINE, P.A.

Office Address: 3050 BISCAYNE BLVD SUITE 302

MIAMI, Florida 33137  
(City) (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)

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: Carlos Frutos  
 Member: Address: 3050 BISCAYNE BLVD  
 Authorized: SUITE 302  
 Person: MIAMI, FL 33137  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager: Name: Nicolás Ferrero  
 Member: Address: 3050 BISCAYNE BLVD  
 Authorized: SUITE 302  
 Person: MIAMI, FL 33137  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Manager: Name: Enrique Gaviglio  
 Member: Address: 3050 BISCAYNE BLVD  
 Authorized: SUITE 302  
 Person: MIAMI, FL 33137  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Manager: Name: Alberto Gaviglio  
 Member: Address: 3050 BISCAYNE BLVD  
 Authorized: SUITE 302  
 Person: MIAMI, FL 33137  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_


Manager: Name: Guido Gaviglio  
 Member: Address: 3050 BISCAYNE BLVD  
 Authorized: SUITE 302  
 Person: MIAMI, FL 33137  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Manager: Name: \_\_\_\_\_  
 Member: Address: \_\_\_\_\_  
 Authorized: SUITE 302  
 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

NICOLAS FERRERO

Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROOFTOP DEVLAB 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 FOURTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROOFTOP DEVLAB LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2019.

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



7333226 8300

SR# 20205492915

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 203045352

Date: 06-04-20