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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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07/28/20--01024--024 **46.2

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JUN 1 2020

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JUN 14 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGV AMERICAS, 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:

Hugo Rabinovich
Name of Person
C/O TGV Americas, LLC.
Firm/Company
20423 SR7, Suite F6-217
Address
Boca Raton, FL 33498
City/State and Zip Code
hrabinovich@tgvamericas.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugo Rabinovich at (561) 306-5121
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RECEIVED
JUL 14 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2020

HUGO RABINOVICH
20423 SR7 STE F6-217
BOCA RATON, FL 33398

SUBJECT: TGV AMERICAS LLC
Ref. Number: W20000057187

We have received your document for TGV AMERICAS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$46.25 due.

The document you sent in is for a Foreign Corporation not a Foreign LLC.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 420A00011306

420A00011306
6/14/20

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. TGV Americas, 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 3. 47-2276015
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20423 SR7, Suite F6-217 6. _____
(Street Address of Principal Office) (Mailing Address)

Boca Raton, FL 33498

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

Name: Hugo Rabinovich

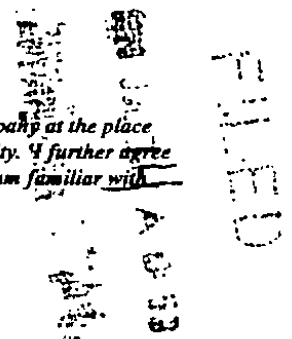
Office Address: 20423 SR7, Suite F6-217

Boca Raton, Florida 33498
(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.

[Signature]
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Ernesto Galindez</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>Av. Congreso 1634</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Buenos Aires</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Argentina</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

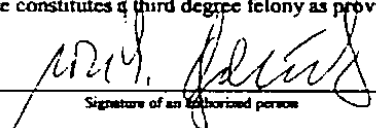
<input type="checkbox"/> Manager	Name: <u>Marta Vicena</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>Cabello 3743</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Buenos Aires</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Argentina</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Osvaldo Tessio</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>Ollereros 3918</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Buenos Aires</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Argentina</u>	Person	_____
<input type="checkbox"/> 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-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
 Jose Ernesto Galindez, Managing Member

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 "TGV AMERICAS 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 ELEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGV AMERICAS LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2014.




Jeffrey W. Bullock, Secretary of State

5630799 8300

SR# 20203730894

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

Authentication: 202913611

Date: 05-11-20