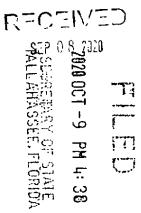
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2020

ROBERTO DI LENA 1000 NW 57 CT SUITE 1040 MIAMI, FL 33126

SUBJECT: AURIGA HOLDING INVESTMENTS LLC

Ref. Number: W20000111592

We have received your document for AURIGA HOLDING INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 020A00018731

RECEIVED

COVER LETTER

TO:

AUI JECT:	RIGA HOLDING INVESTMENTS LL	.C		
JEC.1;	Nam	e of Limited Liability Company		
		Company for Authorization to Transact Business in Flor referenced foreign limited liability company to transact		
se return all c	orrespondence concerning this matter t	o the following:		
	ROBERTO DI LENA			
		Name of Person		
	MTR & ASSOCIATES, LLC	-, 1.	2	
		Firm/Company 55 C	020	
	1000 NW 57 CT SUITE 1040		0CT -	••
	# + # - W - Au	Address G	9	1. 1.
	MIAMI, FLORIDA 33126		PH 나:	į
	C	ity/State and Zip Code	: 38 	
le	eandro.marini@grupomaderosur.com	<i>₽</i>		
_	E-mail address: (to be	used for future annual report notification)		
urther inform	ation concerning this matter, please cal	U:		
ROBERTO DI LENA		305 4715874 at ()		
	Name of Contact Person	Area Code Daytime Telephone Numb	er	
Mailing Address:		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	ssee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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. HARITED HABILITY COMPANY TOTRANSACT BUNINESS IN THE STATE OF FLORIDA:

Limited Liability Company, must include "Limited	Liability	Company, "L.L.C.," or "L.L.C.")	
name adopted for the purpose of transacting business in Flo	ında The	alternate name must include "Limited Lial	othry Company," "L.L.C," or "LLC")
	ર	84-4528610	
hich foreign limited liability company is organized)	5.	(FEI number	Tappleable 2028 OC
(Date first transacted business in Florida, if prior to 1	egistration	i) lighteer	一题计二
		1000 NW 57 CT suite 1040	SSEE OF THE
	6.	(Mailing Address)	77
		Miami, FL 33126	4: 38 5127E
MTR & Associates, LLC	<u></u>	eccpiane,	
1000 NW 57 CT Suite 1040			
Miami		33126 . Florida	
(Cuy)		(Zip code)	
tance:			
	(Date first transacted business in Florida, if prior to 1 (See sections 605 0904 & 605 0905, I'S to determine 1040) SS of Florida registered agent: (P.O. Box MTR & Associates, LLC 1000 NW 57 CT Suite 1040) Miami	(Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905, I's to determine penalty 1040 6. SS of Florida registered agent: (P.O. Box NOT a MTR & Associates, LLC 1000 NW 57 CT Suite 1040 Miami	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability.) 1040 1000 NW 57 CT suite 1040 6. (Mailing Address) Miami, FL 33126 MTR & Associates, LLC 1000 NW 57 CT Suite 1040 Miami Miam

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: Name: ____Guadalupe Saldungaray Manager □Manager Name: 915 NW AVE. APT L303 Address: __ □Member □Member Address: MIAMI, FL 33136 US □ Authorized □ Authorized Person Person □Other____ Other____ □Other □Manager □Manager Name: ☐ Member Address: ☐ Member Address: □ Authorized □ Authorized Person Person □Other Other_____ □Other □Other____ □Manager Name: □Manager □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. Nonindexed 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 GUADALUPE SALDUNGARAY

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 "AURIGA HOLDING INVESTMENTS 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 FIRST DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AURIGA HOLDING INVESTMENTS LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2019.

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

020 OCT -9 PM.4: 38

Authentication: 203577545

Date: 09-01-20

7508734 8300 SR# 20207058283