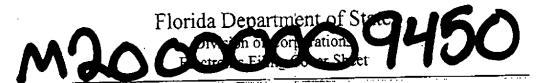
10/20/2020

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GREENBERG TRAURIG CONSULTING, INC. Account Name

Account Number : 120140000080 : (305)579-7882 Phone

Fax Number : (305)961-5722

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

Email Address: Cambol@gtlaw.com

## Foreign Limited Liability Company NISA WATERWAYS, LLC

Certificate of Status	0
Certified Copy	1
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OCT 1 2 2070

APPLICATION BY FOI	REIGN LIMITED LIABILITY COMP IN FLO	PANY FOR AUTHORIZATION TO TR DRIDA	MIGNO: BOSH 1800
N COMPLIANCE WITH SECT	ION 605.0902, FLORIDA STATUTES, THE FO	LLOWING IS SUBMITTED TO REGISTER A FO	REXON LIMITED UABILITY
COMPANY TO TRANSACT BUS	INESS IN THE STATE OF FLORIDA:	;	
MISA WATERWAYS I	LC ·	i	
(Name of Foreign L	imited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate nu	ne adopted for the purpose of transacting business in Fland	ds The alternate name must include "Limited Liability Comp	ery," "LLL.C," or "LUC")
STATE OF DELAWAR		£.	
A .	ch foreign limited liability company is organized)	(FEI number, if appli	cablt)
(Australia and an are	and the second s		
	:		
4	(Date first transacted business in Florida, if prior to to (See sections 603,0904 & 605,0905, F.S. to determine	egistration)	
	(See sections 603,0904 & 605,0905, F.S. to determine	e penalty hability)	
999 Brickell Avenue		999 Brickell Avenuc	
Street Address of P	nneips Office)	(Mailing Address)	
Suite 101		Suite 101	
Miami, FL 33131		Miami, FL 33131	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	FIL 2001 OCT 21 SECRETARY ALLAHYSER
Name:	Richard G. Toledo		10
Office Address:	999 Brickell Avenue, Suite 101		FHIZ: 07
	Miami	, Florida	07
	(City)	(Zip ∞de)	
designated in this applicate comply with the provise	egistered agent and to accept service of	process for the above stated limited liabilities registered agent and agree to act in this rand complete performance of my duties,	
	/s/ Richard G. Toledo		

itle or Capacity:	Name and Address:		Title or Capacity:	Name and Address:  Isabeila Mauos
⊠Manager	Name: Richard G. Toledo	. :	X Manager	Name:
]Memb <del>er</del>	Address:	•	Member	Address: 999 Brickell Avenue
Authorized	Suite 101	-	☐ Authorized	Suite 101
Person	Miami, FL 33131	•	Person	Miami, FL 33131
	Other	•	Other	Other
X Manager	Name: Nicolas Mattos	· - :	Manager Manager	Name:
Member	Address:	_	☐ Member	Address:
Authorized	Suite 101	<del>-</del>	Authorized	
Person	Miami, FL 33131	· . <u>·</u>	Person	
Other	Other	- <u>.</u> :	Other	Other
☐Manager	Name:	· · :	Manager	Name:
☐ Member	Address:	<u>.</u>	Member	Address:
Authorized		<u>.</u> .	Authorized	
Person		_ ;	Person	
Other	Other	: : : : T ;	Other	Other
9. Attached is a ce jurisdiction under of the translator m	• Is expected in accordance with section 605	old, duly	a Department of State authenticated by the in a foreign language  (b), Florida Statutes	e official having custody of records in the e, a translation of the certificate under or s. I am aware that any false information
submitted in a doc	rument to the Department of State constitute	s a third	degree telony as prov	Agea for in \$.81 /,133, F.S.

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NISA WATERWAYS, 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 NINTH DAY OF OCTOBER, A.D. 2020.

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



3846218 8300

SR# 20207740286.
You may verify this certificate online at corp.delaware.gov/authver.shtml

MSQC.

Authentication: 203828455

Date: 10-09-20