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

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (561)792-2236
Fax Number : (561)202-8082

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

Email Address: _____

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Foreign Limited Liability Company
Nominus.com LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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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. Nominus.com 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. 37-1927442
(FEI number, if applicable)

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

5. 1000 Brickell Avenue
Suite #715 - 115
Miami, FL 33131
(Street Address of Principal Office)

6. 1000 Brickell Avenue
Suite #715 - 115
Miami, FL 33131
(Mailing Address)

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TALLAHASSEE, FL

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

Name: A1A REGISTERED AGENT INC.

Office Address: 5647 110TH AVENUE NORTH

ROYAL PALM BEACH (City), Florida 33411 (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.

Tina J Maki
(Registered Agent's signature)

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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:
☒ Manager	Name: FUENTEALBA , FELIPE LUIS	☒ Manager	Name: FUENTEALBA , FRANCISCO J
☐ Member	Address: 1915 BRICKELL AVENUE	☐ Member	Address: 1915 BRICKELL AVENUE
☐ Authorized	SUITE C1112	☐ Authorized	SUITE C1112
Person	MIAMI, FL 33129	Person	MIAMI, FL 33129
☐ Other	☐ Other:	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other:	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ 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. 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.

Felipe Fuentealba

Signature of an authorized person

FELIPE LUIS FUENTEALBA

Typed or printed name of signee

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "NOMINUS.COM LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2017, AT 7:41 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

6362022 8100
SR# 20211358354

Authentication: 203010173
Date: 04-20-21

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

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