15612148442

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000433323 3)))



H210004333233ABCV

		will generate another			
To:					مرآ
	Division of C				- 12
	Fax Number	: (850)617-6383			100
From:					E.
		: CORPORATE CRE	ATIONS INTERNAT	MIONAL INC.	, 'C
	Phone	r: 110432003053 : (561)694-8107			٠
	Fax Number	: (561)214-8442			-
	Address:	s. Enter only one		piease	ure
	Address:Foreign	Limited Liability	Company	piease.	
	Address:Foreign	Limited Liability town Managemen	Company	please.	• • • • • • • • • • • • • • • • • • • •
	Address:Foreign	Limited Liability town Managemen	Company	please.	
	Foreign Midt Centificate of S	Limited Liability town Managemen	Company at, LLC	please.	
	Foreign Midt Centificate of St	Limited Liability town Managemen	Company at, LLC	please.	
	Foreign Midt Certificate of St Certified Copy Page Count	Limited Liability town Managemen	Company at, LLC 1 0 03		^NK
	Foreign Midt Certificate of St Certified Copy Page Count	Limited Liability town Managemen	Company at, LLC 1 0 03		^NK
	Foreign Midt Certificate of St Certified Copy Page Count Estimated Char	Limited Liability town Managemen	Company at, LLC 1 0 03 \$130.00		ΛΝ Κ

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6/6/09/2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Midtown Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC." Midtown M, LLC (If name unavailable, other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." (FEI number, if applicable) (Jurisdiction under the law of which foreign immed liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 615-0904 & 605-0905, F.S. to determine penalty liability) 600 Brickell Avenue, Ste 2500 600 Brickell Avenue, Ste 2500 6. (Mailing Address) (Street Address of Principal Office) Miami, FL 3313 Miami, FL 3313 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1 Office Address: North Palm Beach 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. Saray Djidji, Special Secretary

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: Alejandro Vadia	■Manager	Name: Rene Altamirano
□Member	Address: 600 Brickell Avenue, Ste 2500	□Member	Address:
□Authorized	Miami, FL 3313	□Authorized	Miami, FL 3313
Person		Person	
Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	☐Other	□Other	
			DEC TO
□Manager	Name:	□Manager	Name: S
□Member	Address:	□Member	Address: P F
□Authorized	••••	□Authorized	<u>n</u>
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.

	8	
	Signature of an authorized person	
Saray Djidji, Attomey in Fact		
	Typed or paperd name of water	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MIDTOWN MANAGEMENT, LLC" IS DULY

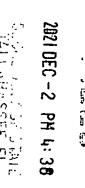
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIDTOWN MANAGEMENT, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

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



5602363 8300 SR# 20213899747

SR# 20213899747
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204791582

Date: 11-24-21