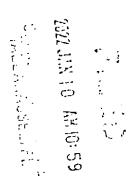
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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S. ROBERTS JAN 10 2022

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC"	SUCRO PROCESSING, LLC						
SOBJEC		Name of Limited Liability Company					
The enclo Existence.	sed "Application by Foreign Limited Liability, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida					
Please reti	urn all correspondence concerning this matter	to the following:					
	Uriel Mendieta						
		Name of Person					
	Hunton Andrews Kurth LLP						
		Firm/Company					
	333 S.E. 2nd Ave., Suite 2400						
	-	Address					
	Miami, Florida 33131						
		City/State and Zip Code					
	mendietau@hunton.com						
	E-mail address: (to	be used for future annual report notification)					
For furthe	r information concerning this matter, please c	eall:					
Uriel Mendieta		305 536 2729					
_	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
P	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	EPARTMENT OF STATE Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate					

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SUCRO PROCESSIN	IG, LLC imited Liability Company; must include "Limited	I Liability Company,	"LLC," or "LLC.")	
(II' name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name	e must include "Limited Liab	oility Company," "L.L.C," or "L.L.C.
DELAWARE 2. (Jurischetion under the law of wh	nich foreign limited liability company is organized)	3	(FEI number	r, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty liability)		_
2020 PONCE DE LEON BLVD., SUITE 1204 5. (Street Address of Principal Office)		6. (Mailing Address)		
CORAL GABLES, FL	. 33134	CORAL	GABLES, FL 3313	34
7. Nanu and street address	s of Florida registered agent: (P.O. Box		2)	2022 JA
7. Name and street address Name:	SC AMERICAS CORP	<u></u>	•	THO AN
Office Address:	2020 PONCE DE LEON BLVD., S	UITE 1204		. 59 . 59
	CORAL GABLES	1	Florida (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.

ŠC AMERICAS CÖRP

By:

(Registered agent's signature)

TAYLOR, JONATHAN

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	<u>v:</u>	Name and Address:
⊡Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	BLVD., SUITE 1204	□Authorized		
Person	CORAL GABLES, FL 33134	Person		
□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.

Signature of an authorized person

STEFANO D'ANIELLO

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 "SUCRO PROCESSING, 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 SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUCRO PROCESSING, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2022.

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



Authentication: 202347059

Date: 01-07-22