

MA5000014563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

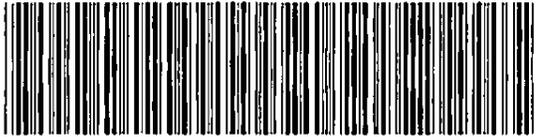
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200458917672

10 01/25--01005--011 \*125.06

RECEIVED

SEP 30 2025

2025 SEP 30 PM 5:02

T. LEMMON

OCT 15 2025



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. Airport Retail Group 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. St. Paul, MN  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-3368511  
(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. 4300 Glumack Drive  
(Street Address of Principal Office)

Suite E-1398

St. Paul, MN 55111

6. 4300 Glumack Drive  
(Mailing Address)

Suite E-1398

St. Paul, MN 55111

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

Name: Vila, Padron & Diaz, P.A.

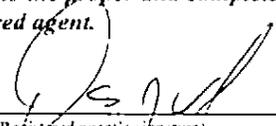
Office Address: 201 Alhambra Circle, Suite 702

Coral Gables, Florida 33134  
(City) (Zip code)

2015 SEP 30 PM 5:02

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.

  
\_\_\_\_\_  
(Registered agent's signature)

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:**  Manager  
**Name and Address:** Name: Pady Regnier  
 Address: 4300 Glumack Drive  
 Suite E-1398  
 St. Paul, MN 5511  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: Jorge Alberni  
 Address: 5180 NW 84 Avenue  
 Doral, FL 33166  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: Oscar J. Vila  
 Address: 1324 Sopera Avenue  
 Coral Gables, FL 33134  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: Oscar E. Vila  
 Address: 2915 Catalina Street  
 Miami, FL 33133  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

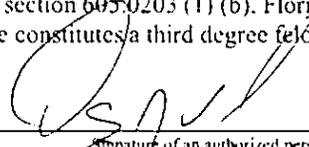
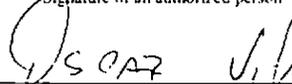
Manager  
**Name and Address:** Name: Jose Alberni  
 Address: 430 Grand Bay Drive  
 Key Biscayne, FL 33149  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member  
 Authorized Person  
 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  
  
 \_\_\_\_\_  
 Typed or printed name of signer

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Airport Retail Group, LLC  
Date Filed: 07/20/2018  
File Number: 1024579200050  
Minnesota Statutes, Chapter: 322C  
Home Jurisdiction: Minnesota

This certificate has been issued on: 09/11/2025



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota