700000/079 **Document Number** C T CORPORATION SYSTEM 200002930152--8 -07/13/99--01061--020 Requestor's Name 660 East Jefferson Street ****285.00 ****285.00 Address (850)222-10<u>92</u> 32301 FLTallahassee, 200002930152--8 Phone Zip State City -07/13/99--01061--019 ******8.75 ******8.75 CORPORATION(S) NAME Hantica USA نب () Profit () Merger () Amendment () NonProfit Limited Liability Company () Mark () Dissolution/Withdrawal ()/Foreign () Other () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () <u>Fictitious Name</u> () Limited Liability Partnership X CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready (x) Pick Up () Will Wait 😭 Walk In () Mail Out Name PLEASE RETURN EXTRA COL Avallability FILE STAMPED Document Examiner Updater

Verifier

Acknowledgment

W.P. Verifier

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware urisdiction under the law of which	3	hility (FEI number, if ap	plicable)
ompany is organized)	i loicign miniod na		•
March 11, 1999	5	perpetual (Duration: Year limited liability)	company will
(Date of Organization) ((Duration: Year limited hability (lease to exist or "perpetual")	company win
upon qualification		500 501 500 502	
		(See sections 608.501, 608.502	
Corporation Trust Cent	er, 1209 Orang	ge Street, Wilmington,	Delaware 19801_
	(Street addre	ss of principal office)	
			m com1 1 -
ist name, title, and business a dll manage the foreign limite	ddress of each m d liability compa	anaging member [MGRM] o ny in Florida: (attach additio	r manager [MGR] who onal page if necessary)
vill manage the foreign limite	ddress of each m d liability compa TITLE:	anaging member [MGRM] ony in Florida: (attach addition NAME & ADDRESS:	or manager [MGR] who conal page if necessary) TITLE:
will manage the foreign limite NAME & ADDRESS:	TITLE:	aly in a route. (arrange and	. •
tica Network (Bermuda)	d Haothry Compa	aly in a route. (arrange and	TITLE:
will manage the foreign limite NAME & ADDRESS:	TITLE: Sole Member	aly in a route. (arrange and	TITLE:
NAME & ADDRESS: tica Network (Bermuda) 2 Carter's Bay Road	TITLE: Sole Member	aly in a route. (arrange and	TITLE: SECILETA
NAME & ADDRESS: tica Network (Bermuda) 2 Carter's Bay Road Southside	TITLE: Sole Member	aly in a route. (arrange and	FILED 99 JUL 13 PH 3: SECRETARY OF STATE TAIL AHASSEE, FLORE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, THE TAIL AHASSEE
NAME & ADDRESS: tica Network (Bermuda) 2 Carter's Bay Road Southside St. David's, Bermuda	TITLE: Sole Member	aly in a route. (arrange and	99 JUL 13 PH SECKETARY OF TALLAHASSEE, F
NAME & ADDRESS: tica Network (Bermuda) 2 Carter's Bay Road Southside St. David's, Bermuda	TITLE: Sole Member	aly in a route. (arrange and	FILED 99 JUL 13 PH 3: SECRETARY OF STATE TAIL AHASSEE, FLORE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, THE TAIL AHASSEE
NAME & ADDRESS: tica Network (Bermuda) 2 Carter's Bay Road Southside St. David's, Bermuda	TITLE: Sole Member	aly in a route. (arrange and	FILED 99 JUL 13 PH 3: SECRETARY OF STATE TAIL AHASSEE, FLORE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, THE TAIL AHASSEE
NAME & ADDRESS: tica Network (Bermuda) 2 Carter's Bay Road Southside St. David's, Bermuda	TITLE: Sole Member	aly in a route. (arrange and	FILED 99 JUL 13 PH 3: SECRETARY OF STATE TAIL AHASSEE, FLORE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, FLORE TO THE TAIL AHASSEE, FLORE THE TAIL AHASSEE, THE TAIL AHASSEE

having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

PLUST - C T System Online

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

the didersigned member or authorized representative of a member of			
Atlantica USA LLC certifies:			
1) the above named limited liability company has at least one member;			
2) the total amount of cash contributed by the member(s) is	\$_ <u></u>	0	
 if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) 	\$_ (0-	 ;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$0)	
Signature of a member of authorized representative of a member (In accordance with section-608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		•	
Atlantica Network (Bermuda) Ltd., its sole member Typed or printed name of signee By: Lin Gentemann, Vice President and Secretary			
Filing Fee: \$250.00 for Application and Affiday	SECRETARY OF STALLAHASSEE.	99 JUL 13 PH	FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Atlantica USA LLC
The name and address of the registered agent and office is:
C T Corporation System
(Name)
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box not acceptable)
(P.O. Box not scceptable) Plantation, Florida 33324

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) (Date)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

FILING FEE: \$ 35 for Designation of Registered Agent

JUL 13 PH 3: 54 GRETART GESTATE LAHASSFE FLORIN

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ATLANTICA USA 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 TWELFTH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9859064

991283806

3015494 8300

DATE:

07-12-99