

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000078779

Entity Name: KONTROLAIR LLC

Current Principal Place of Business:

425 NE 22 ST.
SUITE 502
MIAMI, FL 33137

Current Mailing Address:

425 NE 22 ST.
SUITE 502
MIAMI, FL 33137 US

FEI Number: 39-2078395

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DOLPHIN CAPITAL GROUP LLC
1600 PONCE DE LEON BOULEVARD
10TH FLOOR
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FREDERICK PLATA

07/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED MEMBER
Name SALCEDO, RAFAEL A. SR.
Address 425 NE 22 ST.
 SUITE 502
City-State-Zip: MIAMI FL 33137

Title MANAGER, AUTHORIZED MEMBER
Name SALCEDO, MARIA VERONICA
Address 425 NE 22 ST.
 SUITE 502
City-State-Zip: MIAMI FL 33137

Title MANAGER, AUTHORIZED MEMBER
Name GARCIA, IRASEMA
Address 425 NE 22 ST.
 SUITE 502
City-State-Zip: MIAMI FL 33137

Title MANAGER, AUTHORIZED MEMBER
Name SALCEDO, RAFAEL JR.
Address 425 NE 22 ST.
 SUITE 502
City-State-Zip: MIAMI FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL A. SALCEDO SR.

MANAGER, AUTHORIZED MEMBER 07/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date