(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



600410029776

FILED:

2023 JUN-6 PH 2: 46

2023 JUN-6 PH 2: 46

FI ALLAHASSEE, FLORIDA

COVER LETTER

(In the come	Campeche Holdings, LLC			
UBJECT: _	Name of Limited Liability Company			
he enclosed xistence, and	"Application by Foreign Limited Liability C d check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Certificate eferenced foreign limited liability company to transact business in Flori		
leas e return (all correspondence concerning this matter to	the following:		
	Marie Euseppi			
		Name of Person		
		Firm/Company		
	125 Inler Way			
	Address			
	Palm Beach Shores, FL 33404			
	C	ity/State and Zip Code		
	marie.euscppi@gmail.com			
	E-mail address: (to be	used for future annual report notification)		
or further in	formation concerning this matter, please cal	n:		
Marie Euseppi		281 806-4540 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
	D. Box 6327	The Centre of Tallahassee		
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Plex	closed is a check for the following amount: ase make check payable to: FLORIDA DEI \$125.00 Filing Fee S130.00 Filing Fe Certificate	ce & S155.00 Filing Fee & Li \$160.00 Filing Fee, Certificate		

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

IN COMPILANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Campeche Holdings, LI				
(Name of Foreign	Eimited Liability Company; must include "Limited !	Liability Company," "L.L.C.," or "LLC.")		
	nme adopted for the purpose of transacting business in Flor	A. The alternate game must include "I imited Lightlity	Cerepany," "L.L.C." or "LLC.")	
(If name unavailable, enter alternate n	nine adopted for the purpose of transacting outliness in Flor	ind 155 and make Parise mine include a minuted aboverning	Company, and a more ,	
Texas		3		
2. (Furnsdiction under the law of which foreign limited hubility company is organized)		3. (l'Et number, if applicable)		
4	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistation.) e penahy liability)	- 	
125 Inlet Way		6. (Mexical Address)	783 129	
5. (Street Address of Principal Office)		(Mesting Address)	F 7 2 7	
Palm Beach Shores, Fl. 33404		Palm Beach Shores, FL 33404	10000000000000000000000000000000000000	
			Tio 2	
			9	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Marie Euseppi			
	125 Inlet Way			
Office Address:				
	Palm Beach Shores	33404		
	(C:ty)	, Florida (Zip code)	-	
designated in this applicate comply with the provis	stance: egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	registered agent and agree to act in t	nis capacity. I juriner agree	
•	More			
	(Registered agent's 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Marie Louise Diane Borduns toseppi Ned Paul Euseppi, III Manager ■ Manager 125 inlet Way Address: _ Address: 125 Inlet Way ■Member ■ Member Palm Beach Shores, FL 33404 Palm Beach Shores, FL 33404 □ Authorized Authorized Person Person □Other_____ Other__ □Other____ □ Other Name: ______ Name: □Manager Address: □Member Address: _______ □Member □ Authorized □ Authorized Person Person □Other____ □Other____ Other___ □Other____ Name: _____ Name: ______ □Manager □Manager Address: _____ ☐Member Address: ______ ☐ Member □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. Nonindexed 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 Marie Euseppi Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Campeche Holdings, LLC (file number 802696573), a Domestic Limited Liability Company (LLC), was filed in this office on April 11, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 01, 2023.



Jane Melson

Jane Nelson Secretary of State Corporations Section • • P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Campeche Holdings, LLC Filing Number: 802696573

Certificate of Formation April 11, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 01, 2023.



Jane Malson

Jane Nelson Secretary of State