# M240000496

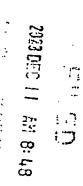
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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### COVER LETTER

TO: Registration Section

Div	ision of Corporations						
eun trot.	Benworth Capital Partners PR LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed Existence, an	d "Application by Foreign Limited Liability Co and check are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida,					
Please return	all correspondence concerning this matter to the	ne following:					
	Norma Varas						
	Name of Person						
	Benworth Capital Partners PR LLC						
Firm/Company							
	700 Biltmore Way, Suite C-1						
		Address					
	Coral Gables, Florida 33134						
	City	City/State and Zip Code					
	nvaras@benworthcapital.com						
		sed for future annual report notification)					
For further i	nformation concerning this matter, please call:						
No	orma Varas	305 445-5223 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303					
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee   Certificate of:	& 🔲 \$155,00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate					

# 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:

L. Benworth Capital Partn	ers PR LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate r	ame adopted for the purpose of transacting business in FI	lorida The	alternate name must include "Limited I	liability Company," "L.L.C," or "L.L.C,"		
Puerto Rico		•	66-0982180			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	(PEI mum	ber, if applicable)		
January 1, 2023						
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration	n) liability)	<del>-</del>		
221 Avenida Ponce de Leon 5.			700 Biltmore Way			
5. (Street Address of Principal Office)		0.	6. (Mailing Address)			
Suite 1401			Suite C <sup>2</sup> 1			
San Juan, Puerto Rico	San Juan, Puerto Rico 00917		Coral Gables, Florida 3313	4		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT	acceptable)	2623 DEC		
Name:	Alfred F. Andreu					
Office Address:	700 Biltmore Way, Suite C-1			81.8 #		
	Coral Gables		33134 , Florida	.:		
	(Cny)		(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.

(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:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
□Member	Address: 700 Biltmore Way, Suite C-1	□Member	Address:	
■ Authorized	Coral Gables, Florida 33134	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<del></del>
□Authorized	<u> </u>	□Authorized	<del></del>	
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 possitutes a third degree felony as provided for in s.817,155. F.S.

Signature of an authorized person

Alfred F. Andreu, Authorized Representative





# CERTIFICATE OF EXISTENCE

I, Omar J. Marrero Díaz, Secretary of State of the Government of Puerto Rico.

CERTIFY: That according to our records **BENWORTH CAPITAL PARTNERS PR LLC**, with registration number **468034**, is a **domestic for profit limited liability company** organized on **June 28**, **2021**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **November 30, 2023.** 



Omar J. Marrero Díaz Secretary of State

To validate this certificate go to:

https://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 29-Nov-2024.

Certificate Validation Number: 612121-45021436





# CERTIFICATE OF GOOD STANDING

I, Omar J. Marrero Díaz, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **BENWORTH CAPITAL PARTNERS PR LLC**, register number **468034**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **June 28, 2021**, has complied with the payment of its Annual Fees.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **November 30, 2023.** 

Office -

Omar J. Marrero Díaz Secretary of State

To validate this certificate go to:

https://estado.pr.gov/

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: 612132-45215252