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Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company MERA MARINAS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2024 MAY -1 PM 4:26

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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. MERA MARINAS, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (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. 201 S Biscayne Boulevard
(Street Address of Principal Office)
Suite 800
Miami, FL 33131

6. 201 S Biscayne Boulevard
(Mailing Address)
Suite 800
Miami, FL 33131

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

Name: LAW CENTER OF THE AMERICAS, LLC
Office Address: 201 S Biscayne Boulevard, Suite 800
Miami, Florida 33131
(City) (Zip code)

2024 MAY -1 PM 4:26

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)

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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:**

Manager Name: Rafael Felipe de Jesus Aguirre G.

Member Address: c/o 201 S Biscayne Blvd.

Authorized Suite 800, Miami, FL 33131

Person _____

Other CEO Other _____

Title or Capacity: **Name and Address:**

Manager Name: Rafael Aguirre De La Torre

Member Address: c/o 201 S Biscayne Blvd.

Authorized Suite 800, Miami, FL 33131

Person _____

Other President Other _____

Manager Name: Juan Pablo Aguirre De La Torre

Member Address: c/o 201 S Biscayne Blvd.

Authorized Suite 800, Miami, FL 33131

Person _____

Other _____ Other _____

Manager Name: Axel Molc Warschowski

Member Address: c/o 201 S Biscayne Blvd.

Authorized Suite 800, Miami, FL 33131

Person _____

Other Secretary Other _____

Manager Name: Gabriel Marquez De La Torre

Member Address: c/o 201 S Biscayne Blvd.

Authorized Suite 800, Miami, FL 33131

Person _____

Other _____ Other _____

Manager Name: Gustavo Marquez Lartigue

Member Address: c/o 201 S Biscayne Blvd.

Authorized Suite 800, Miami, FL 33131

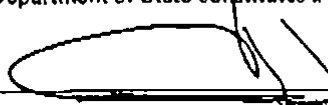
Person _____

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

Axel Molc Warschowski

Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERA MARINAS, 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 FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERA MARINAS, LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20241778585

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Date: 05-01-24