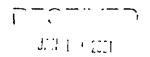
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COVER LETTER

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TO:	Registration Section Division of Corporations	
SUBJ	COL.P Services, LLC.	
	Nai	me of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	to the following:
	Michael E Pena Herrera	
		Name of Person
	COL.P Services, LLC.	
		Firm/Company
	8701 Bluffstone CV APT 11307	
		Address
	Austin, TX 78759-7826	
		City/State and Zip Code
	COLPSERVICES@gmail.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please of	call:
	Michael E Pena Herrera	786 532-6070 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DF ☐ \$125.00 Filing Fee ☐ \$130.00 Filing I Certificate	EPARTMENT OF STATE Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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

1. COL.P Services, LLC. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LC.") COL.P Services TX, LLC. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LC." Texas 2. (Distribution under the law of which fereign limited liability company is organized) 4. (Distribution under the law of which fereign limited liability company is organized) 8701 Bluffstone CV APT 11307 Source Address of Function (National Office) Austin, TX 78759-7826 Carlos Humberto Pena Carlos Humberto Pena Carlos Humberto Pena (City) Florida 33179-3337 Carlos Humberto Pena (City) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia	LUI P SPIVICES I I L					
COL.P Services TX, LLC. If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "L. C." o	(Name of Foreign	Limited Liability Company: must include "Limite	Liability Company	* "11.C." or "11.C.")		
Towas 83-1688899 3 (FEI number, if applicable)	_		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Texas (Date first transacted business in Florida, if prior to registration.) (See sections 605 0964 & 605 0905 F.S. to determine penalty liability) 8701 Bluffstone CV APT 11307 Street Address of Principal Office) Austin, TX 78759-7826 Austin, TX 78759-7826 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Carlos Humberto Pena Name: Sarch Address: Miami Carlos Humberto Pena Miami Carlos Humberto Pena Sarch Address: Miami Carlos Humberto Pena Florida Sarch Address: Miami Carlos Humberto Pena Sarch Address: Miami Sarch Address: Miami Carlos Humberto Pena Sarch Address: Miami Sarch Address: Miami Carlos Humberto Pena Sarch Address: Miami Sarch Address: Miami Carlos Humberto Pena Sarch Address: Miami Sarch Address						
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 8701 Bluffstone CV APT 11307 6. (Minling Address) Austin, TX 78759-7826 Austin, TX 78759-7826 Name: Carlos Humberto Pena Name: Carlos Humberto Pena Name: Office Address: Miami City Telephone (City) Florida 3. (FEI number, if applicable) (FeI number, if applicable) (FeI number, if applicable) 8701 Bluffstone CV APT 11307 6. (Minling Address) Austin, TX 78759-7826 Austin, TX 78759-7826 Office Address: Florida (City) Telephone (City) Telephone (City) Telephone Austin, TX 78759-7826 Carlos Humberto Pena Austin, TX 78759-7826 Telephone (City) Telephone (City) Telephone (City) Telephone (City) Telephone (City) Telephone (City) Telephone Telephone (City) Telephone (City) Telephone Telephone Tapplication, I hereby accept the appointment as registered agent and agree to act in this capacity. I further	f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. The alternate nam	e must include "Limited Liab	ility Company," "L	.L.C," or "LI,C.")
(Date first transacted bestiess in Florida, if prior to registration.) (See sections 693 0904 & 603,0003, F.S. to determine penalty liability) 8701 Bluffstone CV APT 11307 Street Address of Principal Office) Austin, TX 78759-7826 Austin, TX 78759-7826 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Carlos Humberto Pena Name: Carlos Humberto Pena Miami City Tity Miami Florida Florida Single Address Miami Florida Florida Tity Tity Tity Therefore a gent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the exignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further						
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Carlos Humberto Pena Name: 538 NE 195th St	Austin, TX 78759-782	6	Austin, T	TX 78759-7826		
Carlos Flumberto Pena Name: Office Address: Miami (City) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth			=			
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Office Address: Miami	. Name and <u>street addre</u>	22 of Frontia registered agent. (F.O. 1908	1401 acceptant	c <i>)</i>		<i>-7</i>
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o comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia		(City)	-	., .		
nd accept the abligations of my notition as registered agent	faving been named as re esignated in this applica	(City) Otance: egistered agent and to accept service of parties, I hereby accept the appointment a	process for the ac	bove stated limited li at and agree to act in	ability compa this capacity	ny at the place . I further agr
na accept the obligations of my position as registered agent.	faving been named as re lesignated in this applica- comply with the provis	(City) Otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper	process for the ac	bove stated limited li at and agree to act in	ability compa this capacity	ny at the place . I further agr
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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:	Title or Capacity	<u>/:</u>	Name and Address:
■Manager	Name: Michael E Pena Herrera	□Manager	Name:	
■Member	Address:	□Member	Address:	
□Authorized	8701 Bluffstone CV APT 11307	□Authorized		
Person	Austin, TX 78759-7826	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
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 constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

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 COL.P Services, LLC (file number 803100726), a Domestic Limited Liability Company (LLC), was filed in this office on August 23, 2018.

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 December 16, 2020.



Ruth R. Hughs Secretary of State