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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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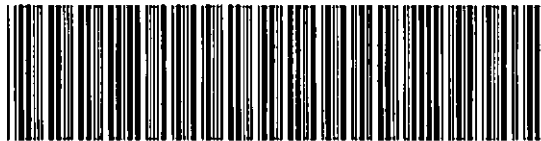
(Business Entity Name)

(Document Number)

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2022 DEC 21 PM 5:45
T. LEVIEUX

T. LEVIEUX

JAN 17 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 202205WY-13 LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VINICIUS ALMEIDA
Name of Person

CONTADOR USA INC
Firm/Company

15805 BISCAYNE BLVD. STE. 201
Address

AVENTURA, FL 33160
City/State and Zip Code

INFO@CONTADORUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINICIUS ALMEIDA 305 260-6968
Name of Contact Person at () Daytime Telephone Number
Area Code

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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. 202205WY-13 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. WYOMING 3. 92-0442849
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/16/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9014 Pelican Cove Trace 6. 1716 CAPITOL AVE SUITE 100
(Street Address of Principal Office) (Mailing Address)
Kissimmee FL 34747 WY 82001

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

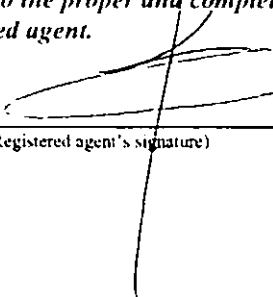
Name: Melanie Inigo

Office Address: 825 Brickell Bay Dr Ste 948

Miami 33131
(City) , Florida (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)

2022 DEC 21 PM 5:45
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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: Alfredo Garcia da Cunha Junior

☒ Member Address: 451 Newell DR

☐ Authorized Huntingdon Valley, PA 19006

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Cleudia Bitencourt

☒ Member Address: 1700 Cary RD

☐ Authorized Huntingdon Valley, PA 19006

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

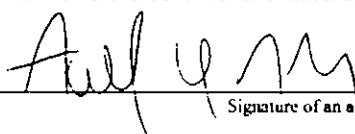
Person _____

☐ 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

Alfredo Garcia da Cunha Junior



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: May 17 2022 9:27AM
Original ID: 2022-001115323

Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:
202205WY-13, LLC
- II. The name and physical address of the registered agent of the limited liability company is:
ANDERSON REGISTERED AGENTS
1716 Capitol Ave Suite 100
Cheyenne, WY 82001
- III. The mailing address of the limited liability company is:
1718 Capitol Avenue
Cheyenne, WY 82001
- IV. The principal office address of the limited liability company is:
1718 Capitol Avenue
Cheyenne, WY 82001
- V. The organizer of the limited liability company is:
James Morris
3225 McLeod Dr, Suite 100 Las Vegas, NV 89121

Signature: **James Morris** Date: 05/17/2022
Print Name: James Morris
Title: Organizer
Email: ra@andersonadvisors.com
Daytime Phone #: (800) 706-4741



Secretary of State

Wyoming Secretary of State
Herschler Bldg East, Ste. 100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I consent on behalf of the business entity to accept electronic service of process at the email address provided with Article IV, Principal Office Address, under the circumstances specified in W.S. 17-28-104(e).

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: James Morris

Date: 05/17/2022

Print Name: James Morris

Title: Organizer

Email: ra@andersonadvisors.com

Daytime Phone #: (800) 706-4741



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

ANDERSON REGISTERED AGENTS, whose registered office is located at **1716 Capitol Ave Suite 100, Cheyenne, WY 82001**, voluntarily consented to serve as the registered agent for **202205WY-13, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:	<u>James Morris</u>	Date: 05/17/2022
Print Name:	James Morris	
Title:	Organizer	
Email:	ra@andersonadvisors.com	
Daytime Phone #:	(800) 706-4741	

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

202205WY-13, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **17th** day of **May, 2022** at **9:27 AM**.

Remainder intentionally left blank.



Filed Date: 05/17/2022



Secretary of State

Filed Online By:

James Morris

on 05/17/2022

STATE OF WYOMING
Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

202205WY-13, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 17, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001115323**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of December, 2022 at 3:35 PM. This certificate is assigned ID Number 057145116.



A handwritten signature in black ink, reading 'Karl T. Allred', is written over a horizontal line.

Secretary of State



EIN Assistant

Your Progress: **1. Identity ✓** **2. Authenticate ✓** **3. Addresses ✓** **4. Details**

Congratulations! The EIN has been successfully assigned.

EIN Assigned: 92-0442849

Legal Name: 202205WY-13 LLC

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

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