

9/28/23 11:14 AM  
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Division of Corporations  
Florida Department of State  
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Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I2018000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
FRONTERA FUND I LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **FRONTERA FUND I LLC**

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

**Delaware**

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.  
(See sections 605.094 & 605.095, F.S. to determine penalty liability)

5. (Street Address of Principal Office)

6. (Mailing Address)

**799 Avenida Quarto Centenario**

**799 Avenida Quarto Centenario**

**Sao Paulo, Sao Paulo, BR 04030**

**Sao Paulo, Sao Paulo, BR 04030**

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

Name: **LEGALINC CORPORATE SERVICES INC.**

Office Address: **476 Riverside Ave.**

**Jacksonville**, Florida **32202**  
(City) (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.

*[Signature]*

(Registered agent's signature)

**FILED**  
**2023 OCT -2 PM 3:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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 Eduardo Coser  
☐ Member Address \_\_\_\_\_  
☐ Authorized 799 Avenida Quarto Centenário, Casa 10  
Person Sao Paulo, São Paulo, BR, 04030-000  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name \_\_\_\_\_  
☐ Member Address \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name \_\_\_\_\_  
☐ Member Address \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:  
☒ Manager Name Guilherme Dias  
☐ Member Address \_\_\_\_\_  
☐ Authorized 799 Avenida Quarto Centenário, Casa 10  
Person Sao Paulo, São Paulo, BR, 04030-000  
☐ 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.

DocuSigned by:  
Eduardo Coser  
55236237C430423

Signature of an authorized person.

Eduardo Coser

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRONTERA FUND I 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTERA FUND I LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2023.

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



7640406 8300

SR# 20233588126

You may verify this certificate online at [corp.delaware.gov/authver.sntml](http://corp.delaware.gov/authver.sntml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204251172

Date: 09-27-23