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COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	STAGEWOOD CONSORTIUN	4, INC		
oobole1.	Name of	corporation - n	nust include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Standin	g" and check are submitt	
Please return	all correspondence concerning	this matter to	the following:	
MARY OTER	0			
		Name of Per	son	
OTERO CPA.	LLC			
		Firm/Compar	ıy	
1607 PONCE I	DE LEON BLVD, SUITE 109			
-		Address		
CORAL GABI	LES, FL 33134			
		City/State and 2	Zip code	
SFIGUEREO@	©STAGEWOOD.COM			
	E-mail address: (to be used for	uture annual report notif	ication)
For further in	formation concerning this matt	ter, please call:		
MARY OTERO 305 283-6215				
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	check for the following amounteck payable to: FLORIDA DEPting Fee	ARTMENT OF \square \$		S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transactin	g business in F	lorida)	-
DELAWARE	3 82				
	y under the law of which it is incorporated)	(FEI number, if applicable)			-
01/05/2018	.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			-
·					_
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		ty)		
5200 BLUE LA	GOON DR., SUITE 235 MIAMI, FL 33126				
	(Principal office s	street address)			-
· · · · · · · · · · · · · · · · · · ·	(Current mailing a	ddress, if different)			
.,				202	
. Name and stree	et address of Florida registered agent: (P.O. B	Box NOT acceptable)	, -	2023 SEP	:
Name:	OTERO CPA, LLC		:	1	
Office Address:	1607 PONCE DE LEON BLVD, SUITE 109	_		<u>ب</u>	ان ز
	CORAL GABLES	, Florida <u>33134</u>		=	و ر ابداد
	(City)	(Zip code)		PH 4: 00	
Penistered and	ent's acceptance:			0	
	ted as registered agent and to accept service o	of process for the above stated	! corporation	at the	place
	application, I hereby accept the appointmen				
	omply with the provisions of all statutes relate with and accept the obligations of my position		e performan	ce of m	y duti
mu i um jumini					
na r um juminur					
na r um juminu	1/63				

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 5200 BLUE LAGOON DR.	□Vice Chairman	Address: 5200 BLUE LAGOON DR.				
Director	SUITE 235. MIAMI, FL 33126	□Director	SUITE 235, M	ИІАМІ, FL 33126			
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	Officer Officer		□Other			
☐ Director ☐ President	Name: FOSANNA FIGUEREO Name: 5200 BLUE LAGOON DR. Address: 5200 BLUE LAGOON DR. SUITE 235, MIAMI, FL 33126	□Chairman □Vice Chairman □Director □President	Address:				
		□Vice President					
■ Secretary	□Treasurer	□Secretary		☐ Treasurer			
□Other		Other	_	Other			
□Chairman	Name:	□Chairman					
Director	SUITE 235, MIAMI, FL 33126	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	■ Treasurer	□Secretary		□Treasurer			
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. 12. Signature of Director of Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. SANTIAGO FIGUEREO, Director / Officer							

(Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STAGEWOOD CONSORTIUM, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D.

2023.



Authentication: 204029749

Date: 08-24-23