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## FOREIGN PROFIT/NONPROFIT CORPORATION

Advenir Azora Leo GP, Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

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## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Advenir Azora Leo GP, I	nc.		
SOBJECT.	Na	me of corporation	- must include suffix	1.77
Dear Sir or M	adam:			
"Certificate of		cate of Good Stan	Authorization to Transac ding" and check are sub- ss in Florida.	
Please return :	all correspondence conc	erning this matter	to the following:	
Osvaldo F. Tor	rtes			
		Name of	Person	
Torres Law, P.	A.			
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888 Southeast	Third Avenue, Suite 400			
		Addre	288	
Fort Lauderdal	e, Florida 33316			
		City/State a	nd Zip code	
ozzie@torresla				
	E-mail add	ress; (to be used f	or future annual report n	notification)
For further in	formation concerning th	is matter, please c	all:	
Osvaldo F. Toi	rres	754 at (	300-5815 2 Daytime Telepl	
Name	e of Person	Area Code	Daytime Telepl	hone Number
Regis Divisi The C 2415	EET/COURIER ADDR tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	-	A DEPARTMENT	OF STATE  378.75 Filing Fee & Certified Copy	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.

n Florida, enter alternate corporate name adopte		
it i fortait effet atternate corporate name acops	ed for the nurnose of fransacting business in Florida) —	
,		
ler the law of which it is incorporated)	(FEI number, if applicable)	
5		
corporation)	(Date of duration, if other than perpetual)	
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rt Lauderdale	Florida 33316	
(City)	(Zip code)	22
	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F evard, Suite 300, Aventura, Florida 33160 (Principal office str evard, Suite 300, Aventura, Florida 33160 (Current mailing add dress of Florida registered agent: (P.O. Bor orres Law, P.A.	(Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) evard, Suite 300, Aventura, Florida 33160  (Principal office street address) evard, Suite 300, Aventura, Florida 33160  (Current mailing address, if different)  dress of Florida registered agent: (P.O. Box NOT acceptable) orres Law, P.A.  88 Southeast Third Avenue, Suite 400  ort Lauderdale  Florida 33316

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

○ 08/30/2024 6:34 AM 15612148442 → 18506176383 pg 4 of 5

A. DIRECTORS			
□ Chairman	Name: Stephen L. Vecchitto	□Chairman	Name: Matthew Vecchitto
□Vice Chairman	Address: 17501 Biscayne Boulevard	□Vice Chairman	Address: 17501 Biscayne Boulevard
Director	Suite 300	Director	Suite 300)
President	Aventura, Florida 33160	□President	Aventura, Florida 33160
□Vice President		■Vice President	
■ Secretary	<b>T</b> reasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
	Fernando Perez-Hickman		
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Suite 300	Director	Address:
□President	Aventura, Florida 33160	President	- F. 69 (
□Vice President		□Vice President	55.
☐Secretary	☐ Treasurer	☐ Secretary	Treasurer 2
□Other	Other	□Other	□Other □ □ C
□Chairman	Name:	□Chairman	Numer
ш€, лаппвал	Stante:	UC nairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		☐Director	<del></del>
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	□Other	□Other	Other
	Use an attachment to report more than six (6). The attachded to the index when filing your Florida Departme  L. Vecchitto  Signature of Director of	nt of State Annual Re	

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.

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ADVENIR AZORA LEO GP, 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-SEVENTH DAY OF AUGUST, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENIR AZORA"

LEO GP, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D.

2024.

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





4731614 8300 SR# 20243528923 Authentication: 204255003

Date: 08-27-24