F2500003632

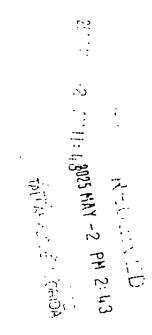
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |





200449952212

05/02/25--01009--010 **87.50



T. LEMIEUX MAY - 5 2025



CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| XX | CERTIFIED COPY | | |
|----|------------------------|-------------|---|
| | РНОТОСОРУ | | |
| XX | CUS | GS | |
| XX | FILING | FOREIGN INC | |
| ЛΛ | FILING | POREIGN INC | |
| _ | FOURVENUES, INC. | | |
| | (CORPORATE NAME AND DO | CUMENT #) | · |
| | | | |
| - | (CORPORATE NAME AND DO | CUMENT #) | |
| | | | |
| | | | |
| _ | 170 | | |
| - | (CORPORATE NAME AND DO | CUMENT #) | |
| _ | (CORPORATE NAME AND DC | CUMENT #) | |
| | | | |
| | (CORPORATE NAME AND DO | | |
| | | | |
| - | | CUMENT #) | |
| - | (CORPORATE NAME AND DO | CUMENT #) | |
| - | (CORPORATE NAME AND DO | CUMENT #) | |

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|----------------------|---|---|
| SUBJECT: Fourvenues, Inc. | | | |
| | ame of corporation | - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of enclose the corporation of the enclosed foreign corporation of the enclosed properties of the enclos | icate of Good Stan | ding" and check are subm | |
| Please return all correspondence con- | cerning this matter | to the following: | |
| Álvaro Alfonso, Corporate Treasurer | | | |
| | Name of l | Person | |
| Fourvenues, Inc. | | | |
| | Firm/Com | pany | |
| 1111 Brickwell Ave., Floor 10 | | | |
| | Addre | SS | |
| Miami, Florida 33131 | | | |
| | City/State ar | nd Zip code | |
| alvaro.alfonso@fourvenues.com | | | |
| E-mail add | dress: (to be used f | or future annual report no | tification) |
| For further information concerning the | nis matter, please c | all: | |
| Álvaro Alfonso, Corporate Treasurer | at (| 967-1626 | |
| Name of Person | Area Code | Daytime Telepho | ne Number |
| STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | | MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL | ction porations |
| ž . | A DEPARTMENT | OF STATE I \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee. Certificate of Status & Certified Copy |

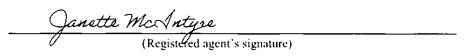
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

| Fourvenues, Inc. | | | |
|--|--|--|--------------------------------|
| (Enter name of c "Inc.," "Co.," "C | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | |
| | able in Florida, enter alternate corporate name ado | | |
| Delaware (State or country under the law of which it is incorporated) | | 3. 33-3702790 (FEI number, if applicable) | |
| | | | |
| (Date | of incorporation) | 5. (Date of duration, if other than perpetual) | |
| | | | |
| | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 ave., Floor 10, Miami, Florida 33131 | , F.S., to determine penalty liability) | |
| | (Principal office | street address) | |
| | (Current mailing a | ddress, if different) | ;;} |
| . Name and stree | et address of Florida registered agent: (P.O. E | Box NOT acceptable) | , |
| Name: | Corporation Service Company | _ | :2 |
| Office Address: | 1201 Hays Street | _ | 7.5 mg // // 27 // 28 |
| | Tallahassee | Florida | == += 4= \$3 |
| | (City) | (Zip code) | <u></u> |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



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.

| | • | | |
|-------------------|---|-----------------|---|
| A. DIRECTORS | | | Saraja Bánnasa A Sá |
| Chairman | Name: Alberto García Centeno | □Chairman | Name: Sergio Báguena Añó |
| □Vice Chairman | Address: | □Vice Chairman | Address: HIII Brickwell Ave., Floor 10 |
| ■Director | Miami, Florida 33131 | Director | Miami, Florida 33134 |
| ■ President | | □President | |
| □Vice President | | □Vice President | |
| □Secretary | □Treasurer | Secretary | □Treasurer |
| Other | □Other | □Other | Other |
| □Chairman | Name: Adeyemi Victor Ajao de Miguel | □Chairman | Álvaro Alfonso Enrique |
| □Vice Chairman | Address: 1111 Brickwell Ave., Floor 10 | □Vice Chairman | Address: 1111 Brickwell Ave., Floor 10 |
| ■ Director | Miami, Florida 33131 | Director | Miami, Florida 33131 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| □Secretary | □Treasurer | □Secretary | ■ Treasurer |
| □Other | Other | □Other | □Other |
| □Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| □Director | | □Director | |
| □President | | □President | |
| □Vice President | | □Vice President | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer |
| □Other | Other | □Other | □ Other |
| | Use an attachment to report more than six (6). The act added to the index when filing your Florida Depart flowers (1) 240514497 Signature of Directors | llyouso | d for reporting purposes only. Non-indexed port form. |

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.

13. Álvaro Alfonso, Corporate Treasurer



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "FOURVENUES 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 SECOND DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOURVENUES INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203590668

C. G. Sanchez

Date: 05-02-25