

Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Fax Number : (845)818-3588

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

| Email | Address: | | | | | |
|-------|----------|--|--|--|--|--|
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FLORIDA LIMITED LIABILITY CO. HIGH and FUTURE INVESTMENT SA LLC

| Certificate of Status | 1 |
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| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | S160.00 |

J. FASON

NOV 24 2020

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Corporate Filing Menu

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| | NVESTMENT SA LLC the words "Limited Lis | | 'L.L.C.," or "LLC.") | | | |
| | | | • | | | |
| ARTICLE II - Address: The mailing address and street add | ress of the principal offi | ce of the Limited | Liability Company is: | | | |
| <u>Principal</u> | Office Address: | | Mailing Address: | | | |
| 1600 PONCE DE LEC | N BLVD. | 1600 | PONCE DE LEON BLVD. | | | |
| 10TH FLOOR OFICE | | TOTE | LFLOOR OFICE 1039 | | | |
| CORAL GABLES FL | | | AL GABLES FL 33134 | | 2 | |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act | annot serve as its own R | egistered Agent. \ | | r | 2020 KOV 24 | |
| The name and the Florida street ad | dress of the registered a | gent are: | | | 2 | L |
| | Veorp Services, LLC | | | . , | VH 15: 0 | ₹, |
| | | | | : | | |
| | 5011 South State Road | | | | | |
| | Florida street address (| P.O. Box <u>NOT</u> ac | ceptable) | | | |
| | David. | T*1 | 22214 | | | |

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

Zip

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

| "AMBR" = Manager MGR FERMIN ALFONSO SUAREZ USECHE Avenida Aquilino de la Guardia con calle 47 PANAMA CITY, PANAMA 0801 [Use attachment if necessary] EV: Effective date, if other tran the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records EVI: Other provisions, if any. REOLIRED SIGNATURE: Signature of Pennier or an authorized representative of a member. 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. FERMIN ALFONSO SUAREZ USECHE Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifical Copy (Optional) | Title: | Name and Address: |
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