Florida Department of State

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000377490 3)))



H240003774903ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browset from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Fax Number

: (305)552-5973 : (305)675~5944

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

Email	Address:	•	•:	11.1	

#### FLORIDA LIMITED LIABILITY CO. TELES VENTURES, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

ECEIVED

1.0010 ...

Elestronic Filing Menu

Corporate Filing Menu (Corporate Filing Menu

1/2013 .

: C

17:

.. 1

Ø 1

HDE"

2/1813<sub>No</sub>

Docusign Envelope ID: C08D6581-A872-4CFA-B891-B7A0FF2A2A05

ld

Missignature of Organization for Floridal Imited Liability COMPANY ....

ARTICLE I - Name: The name of the Limited Liability Company is:

# Teles Ventures, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

11251 NW 20th Street Suite 119 Miami, Fl 33172

11251 NW 20th Street Suite 119 Miami, FL 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

## ANDRESSA VIEIRA DE FREITAS TELES

11251 NW 20th Street, Suite 119 Miami, FL 33172

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.

Andressa Vicina de Freitas Teles

AACBBRFC3A8D45C'\_

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

 $\mathbb{R}_{+}$ 

쥄

PAGE 83/03

Docusign Envelope ID: C08D6581-A872-4CFA-B891-B7A0FF2A2A05

AAC

### ARTICLE IV - Manager(s):

The name and address of each Manager is as follows:

Title:

Name and Address:

Manager

ANDRESSA VIEIRA DE FREITAS TELES

٠i

Դ **ξ**.

Manager

ANDRE VIEIRA DE FREITAS TELES

J.

Manager

LUIS VIEIRA DE FREITAS TELES

1:

Address: 11251 NW 20th Street, Suite 119, Miami, FL 33172i::

#### **ARTICLE V - Effective Date:**

The effective date for Teles Ventures LLC will be January 1st, 2025

#### REQUIRED SIGNATURE:

Andressa Vicina de Freitas Teles

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

### ANDRESSA VIEIRA DE FREITAS TELES

Typed or printed name of signee