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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE



COVER LETTER 4

| TO: | Registration Section Division of Corporations |
|---------|--|
| erib ie | Blackstone Invest Group, LLC |
| SUBJE | Name of Limited Liability Company |
| | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please | eturn all correspondence concerning this matter to the following: |
| | Cesar Angulo |
| | Name of Person ALLAH Name of Person |
| | Firm/Company SS 6 |
| | 1688 West Ave #203 |
| | Address RITE 3 |
| | Miami Beach, Fl. 33139 |
| | City/State and Zip Code |
| | emmanuel@thecosmoteam.com |
| | E-mail address: (to be used for future annual report notification) |
| For fur | ner information concerning this matter, please call: |
| | Emmanuel Aldabe 786 462-6766 |
| | Name of Contact Person Area Code Daytime Telephone Number |
| | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE |
| | \$125.00 Filing Fee \$\sum_{\text{Certificate}} \sum_{\text{Status}} \sum_{\text{Certified Copy}} \sum_{\text{Status}} \sum_{Status |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Blackstone Invest Grou | ip, LLC Limited Liability Company; must include "Limit | مطاعما الم | Company "" L. C. " or " L.C." | | |
|---|---|-------------------------|---------------------------------------|-------------------------------|-----------|
| Blackmont Investments, I | | ed manning | company, tataer, or tree, y | | |
| | arne adopted for the purpose of transacting business in Fl | orida. The alt | emate name must include "Limited Liah | bility Company," "Lt-O," or " | ELC ") |
| State of Delaware | | 3. | 84-3571006 | 20F | |
| (Jurisdiction under the law of wh | high foreign limited liability company is organized) | J. | | per, if applicable) | |
| N/A | | | | -6 P | m |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration | uhalas t | | |
| 1688 West Ave #203 | | | 1688 West Ave #203 | 3: 31 STATE LORID | |
| . (Street Address of I | rmcipal (Hice) | 6. , | (Mading Addr | ress) | _ |
| Miami Beach, FL 3313 | 39 | | Miami Beach, FL 33139 | | |
| . Name and <u>street addres</u> Name: | S of Florida registered agent: (P.O. Bo: Cesar Angulo | x <u>NOT</u> a | cceptable) | | |
| Office Address: | 1688 West Ave #203 | | | | |
| | Mianti Beach | | 33139 , Florida | | |
| | (City) | _ | (Zip code | c) | |
| lesignated in this applica o comply with the provisi | tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the prope s of my position as registered agent. (Registered agent) | us registe t and con | red agent and agree to act | in this capacity. I fu | rther agr |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Cesar Angulo Name: _____ Manager Manager Address: _____ Member Member Address: Miami Beach, FL 33139 Authorized Authorized Person Person Other____ Other Other_ Manager Name: Manager Name: Member Address: Member Address: ☐ Authorized Authorized Person Person Other____ Other____ Other__ Other_ Manager Manager Name: _____ Name: _____ Member Address: ☐ Member Address: ______ Authorized Authorized Person Person Other Other___ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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.

Typed or printed name of signee

Cesar Angulo

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLACKSTONE INVEST GROUP LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKSTONE OF THIS OF THE SAID "BLACKSTONE OF THE SAID

Authentication: 203936862

Date: 11-05-19

7681308 8300 SR# 20197917043

ASSESSED TO DATE.