

M20000007070

(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:

8/17  
LDC

Office Use Only



800350272448

RECEIVED

2009 AUG 14 PM 1:59

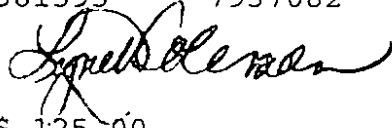
FILED

20 AUG 14 AM 3:44

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 381595 7937082

AUTHORIZATION : 

COST LIMIT : \$ 125.00

-----  
ORDER DATE : August 10, 2020

ORDER TIME : 10:22 AM

ORDER NO. : 381595-005

CUSTOMER NO: 7937082  
-----

FOREIGN FILINGS

NAME: EURUS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EURUS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Salvador Elias

Name of Person

Firm/Company

450 E. John Carpenter Freeway # 100

Address

Irving, TX 75062

City/State and Zip Code

salvador.elias@eymgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvador Elias

214

8193800

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

20 APR 14 AM 3 44  
REC

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:

1. EURUS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Marshall Islands  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

|  |                                     |
|--|-------------------------------------|
| 5. Trust Company Complex<br>(Street Address of Principal Office) | 6. EURUS LLC<br>(Mailing Address)   |
| Ajeltake Rd. Ajeltake Island,                                    | 450 E. John Carpenter Freeway # 100 |
| Majuro, Marshall Islands, MH 96960                               | Irving, TX 75062                    |

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

|                 |                             |
|-----------------|-----------------------------|
| Name:           | Corporation Service Company |
| Office Address: | 1201 Hays Street            |
|                 | Tallahassee                 |
|                 | _____, Florida 32301        |
|                 | (City) (Zip code)           |

FILED  
20 JUN 16 AM 3:44

Registered agent's acceptance:

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 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.

Corporation Service Company  
By: Amanda E. Robinson  
(Registered agent's signature)

Amanda Robinson  
Asst. Vice President

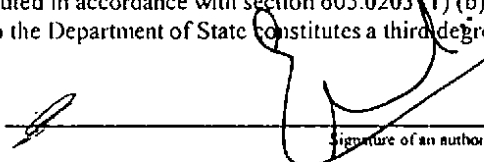
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             |
|--|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: DE Family Holdings LP          | <input checked="" type="checkbox"/> Manager | Name: Eduardo Diaz                   |
| <input checked="" type="checkbox"/> Member | Address: _____                       | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized        | 450 E. John Carpenter Fwy # 100      | <input type="checkbox"/> Authorized         | 450 E. John Carpenter Fwy # 100      |
| Person                                     | Irving, TX 75062                     | Person                                      | Irving, TX 75062                     |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><input type="checkbox"/> Manager        | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                       | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                | <input type="checkbox"/> Authorized         | _____                                |
| Person                                     | _____                                | Person                                      | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><input type="checkbox"/> Manager        | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                       | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                | <input type="checkbox"/> Authorized         | _____                                |
| Person                                     | _____                                | Person                                      | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person


EDUARDO DIAZ  
\_\_\_\_\_  
Typed or printed name of signee

**CONSENT OF  
T/T EURUS, LTD. CORP.  
TO USE OF SIMILAR NAME**

The undersigned sole Director and President of T/T Eurus LTD. Corp. a company organized under the laws of Saint Vincent and the Grenadines, Register number F18000001343, hereby unconditionally consents to the use of the name "EURUS, LLC" to be used by EURUS, LLC, a company organized under the laws of the Marshall Islands, in connection with its authority to transact business in the state of Florida and to be filed with the Secretary of State of the State of Florida.

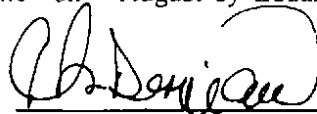
The undersigned hereby acknowledges that a copy of this Consent may be forwarded to the Office of the Secretary of State of the State of Florida for filing.

Dated as of August, 2020.

By:   
Eduardo Diaz,  
Sole Director and President

State of Texas  
County of Dallas

This instrument was acknowledged before me on August by Eduardo Diaz, Sole Director and President of T/T Eurus, LTD.

  
Notary Public's Signature



THE REPUBLIC OF THE MARSHALL ISLANDS  
REGISTRAR OF CORPORATIONS

**CERTIFICATE OF GOODSTANDING**

I HEREBY CERTIFY, That I have made a diligent examination of the files of The Trust Company of the Marshall Islands, Inc., Registrar of Corporations for non-resident limited liability companies, in respect of all instruments filed in accordance with § 14 of the Marshall Islands Business Limited Liability Company Act regarding

**EURUS, LLC**  
**Registration Number 964909**

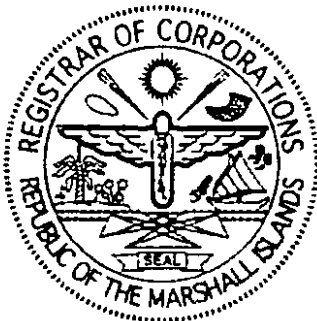
formed on

**June 26, 2020**

and with Registered Agent

**The Trust Company of the Marshall Islands Inc.**  
**Trust Company Complex**  
**Ajeltake Road, Ajeltake Island**  
**Majuro, Marshall Islands MH96960**

and upon such examination, I find no filed or recorded instruments that would contravene that such limited liability company is and remains a subsisting limited liability company and that the limited liability company has paid all taxes and fees due and payable and, therefore, is in good standing as of the date hereon.



WITNESS my hand and the official seal of the  
Registry on August 10, 2020.

Tanya Lawson  
Deputy Registrar