9/15/2020 Division of Corporations

M20000008846

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000320965 3)))

H200003209653ABC.

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

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address:_____

2020 SEP 15 PM 1:58

Foreign Limited Liability Company
Insigneo Partners Cayman LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Menu Help

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. Insigneo Partners Cayman 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. Cayman Islands
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0799260
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 89 Nexus Way, Camana Bay
(Street Address of Principal Office)
Grand Cayman, Cayman Islands KY1-9009

6. 777 Brickell Ave, 10th Floor
(Mailing Address)
Miami, FL 33131

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

Name: Raul Henriquez

Office Address: 777 Brickell Ave., 10th Floor

Miami (City), Florida 33131 (Zip code)

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.

By: _____
(Registered agent's signature)

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:
☒ Manager	Name: Raul Henriquez	☐ Manager	Name: Francisco Nunez
☐ Member	Address: 777 Brickell Ave., Suite 1010	☐ Member	Address: 777 Brickell Ave. Suite 1010
☐ Authorized	Miami, FL 33131	☒ Authorized	Miami, FL 33131
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	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. 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

Raul Henriquez

Typed or printed name of signer

OC-2497

Certificate of Good Standing

LIMITED LIABILITY COMPANY

*I, **D. EVADNE EBANKS** Assistant Registrar of Limited Liability Companies in and for the Cayman Islands DO HEREBY CERTIFY, that,*

Insigneo Partners Cayman LLC

a company registered in the Cayman Islands as a Limited Liability Company under the Cayman Islands Limited Liability Companies Law is at the date of this certificate in Good Standing with the office, and duly authorized to exercise all the powers vested in the company.

Given under my hand and Seal at George Town in the Island of Grand Cayman this 31st day of August Two Thousand Twenty

REGISTRAR OF LIMITED LIABILITY COMPANIES CAYMAN ISLANDS

Assistant Registrar of Limited Liability Companies,
Cayman Islands

Authorisation Code : 119177395405
www.verify.gov.ky
31 August 2020