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Division of Corporations

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: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 SECRETARY OF STATE

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

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Foreign Limited Liability Company Especias Kev LLC

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2021 APR 23 PH 3: 03

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

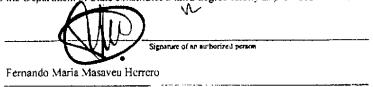
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	(6	~~
			Z.	021
name unavailable, enter alternate s	rame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Lumited Lin	bility Company, L.L.	c. - FC rrc.
Delaware		86-3443553	25	æ ≥
(kurisdiction under the law of a	high foreign limited liability company is organized)	3(FE) numb	3. (FEI miniber, & applicable)	
			SEO.	7
n/a				
	(Date first transacted husiness in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egatration) ne penalty liability)	四四	ვ. 0
601 Brickell Key Drive, Suite 101 601.		601 Brickell Key Drive, Suit	te 101	_
eet Address of Principal Office)		6. (Mailing Address)		
Miami, Florida 33131		Miami, Florida 33131		
Name and street address Name:	ss of Florida registered agent: (P.O. Box NRAI Services, Inc.	NOT acceptable)		
		NOT acceptable)		
Name:	NRAI Services, Inc.	33324		
Name:	NRAI Services, Inc. 1200 South Pine Island Road			

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 Capaci	<u>ty:</u>	Name and Address:
□Manager	Name: Fernando Maria Masaveu Herrero	□Manager	Name:	
□Member	Address: 601 Brickell Key Drive, Ste 101	□Member	Address:	
■ Authorized	Miami, Florida 33131	□Authorized		
Person		Person		
Other	Treasurer	Other		□Other'S 20 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.6
				I APR
□Manager	Name:	□Manager	Name:	> R R R R R R R R R R R R R R R R R R R
□Member	Address:	□Member	Address:	- SSC
□Authorized		□Authorized		(N
Person		Person		
Other	□Other	Other		01her
□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 follows as provided for in s.817.155, F.S.



Delaware The First State

Page 1

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

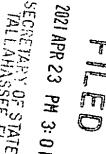
DELAWARE, DO HEREBY CERTIFY "ESPECIAS KEY LLC" IS DULY FORMED UNDER

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 TWENTY-THIRD DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



5860532 8300 SR# 20211427071 Jacktrey W. Bullioch, Secretary of Sidin

Authentication: 203043864

Date: 04-23-21