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(Re	equestor's Name)	
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	_ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

COMPANIO GROUP LLC JBJECT:		
	nic of Limited Liability Company	
	y Company for Authorization to Transact Business in Florida," Certificate e referenced foreign limited liability company to transact business in Flor	
ease return all correspondence concerning this matter	to the following:	
COMPANIO GROUP LLC		
	Name of Person	
Luis Vasquez		
	Firm/Company	
COMPANIO GROUP LLC		
	Address	
5550 Glades Road, Suite: 500, Boca I	Raton, FL 33431	
 ,	City/State and Zip Code	
companiogroup1010@gmail.com		
E-mail address: (to b	be used for future annual report notification)	
r further information concerning this matter, please c	all:	
Luis Vasquez	954 213 - 1800 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303	

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:

L. COMPANIO GROUP					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")			
COMPANIO GROUP FL	LLC				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	ility Company," "L.L C," or "LLC,")		
New Mexico		5103185	5103185		
2, (Jurisdiction under the law of v	hich foreign limited liability company is organized)	3			
08/17/2015 4.		. <u>-</u>			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	rgistration.) e penalty liability)			
5550 Glades Road		5550 Glades Road			
5. (Street Address of Principal Office)		6. (Mailing Address)			
Suite: 500		Suite: 500	,		
Suite. 300					
Boca Raton, FL 33431		Boca Raton, FL 33431			
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Box	NOT acceptable)	LED 26 AM 9-07 28 AM 9-07		
Office Address:	5550 Glades Road Suite; 500		7		
	Boca Raton	33431 , Florida			
	(City)	(Zip code)			
designated in this applicate to comply with the provis	otance: egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper us of my position as registered agent.	registered agent and agree to act in	this capacity. I further agree		

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: Luis Vasquez **■**Manager □Manager Name: Address: 896 SW 9th Circle 10 □Member □Member Address: Boca Raton, FL 33486 □ Authorized Authorized Person Person □Other____ Other____ Other____ □Other____ Name: Name: _____ □Manager □Manager □ Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other_ □Other □Manager Name: □Manager Name: Address: □Member Address: □Member ☐ 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

Luis Vasquez



Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

COMPANIO GROUP, LLC 5103185

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on August 17, 2015, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: April 12, 2021

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Toulouse Oliver Secretary of State



Certificate Validation #: 0047620

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate Of Organization

OF

COMPANIO GROUP, LLC 5103185

The Office of the Secretary of State certifies that the Articles Of Organization, duly signed and verified pursuant to the provisions of the $\frac{1}{2}$

Limited Liability Company Act

(53-19-1 To 53-19-74 NMSA 1978)

have been received and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Office of the Secretary of State issues this Certificate Of Organization and attaches hereto a duplicate of the Articles Of Organization.

Dated: August 17, 2015

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.

Dianna J. Duran Secretary of State

2. 10 10 17 2015

ARTICLES OF ORGANIZATION OF COMPANIO GROUP, LLC

A LIMITED LIABILITY COMPANY

ARTICLE I. The name of the limited liability company is COMPANIO GROUP,

ARTICLE II. The period of its duration is perpetual.

ARTICLE III. (1) The New Mexico street address of the company's initial registered office is: 120 Madeira N.E., Albuquerque, NM 87108. (2) The name of the initial registered agent at that address:

NEW MEXICO AGENT, LLC.

(3) The street address of the company's principal place of business is 120 Madeira N.E., Albuquerque, NM 87108.

ARTICLE IV. Management of the business and affairs of the company is vested in a manager.

ARTICLE V. The purpose for which the limited liability company is organized for any lawful purpose,

ARTICLE VI. The members of this limited liability company may admit additional members upon a unanimous vote approving such as admittance of additional members unless otherwise stated in the operating agreement.

ARTICLE VII. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or occurrence of any other event which terminates the continued membership of a member of the limited liability company; the members shall have the right to continue the limited liability company, by unanimous consent of all members, unless otherwise stated in the operating agreement.

ARTICLE VIII. The Manager can relocate, domesticate or continue this limited liability company to another jurisdiction, or expatriate assets to another entity in another jurisdiction, when assets are threatened by war, capital controls, or proposed legislation, which will or may directly or indirectly, levy, lien, expropriate, or sequestrate, or prevent free disposal by

the Manager of any monies, investments or property of the limited liability company; unless otherwise stated in the operating agreement.

Dated this 11th of August, 2015.

Guillermo 🛭 Jalil, Organizer

STATEMENT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED INITIAL REGISTERED AGENT

I, Guillermo D Jalil of NEW MEXICO AGENT, LLC, hereby acknowledge that the undersigned individual or corporation accepts the appointment as Initial Registered Agent of COMPANIO GROUP, LLC, the limited liability company which is named in the annexed Articles of Organization.

LIMITED LIABILITY COMPANY/CORPORATION ACTING AS A REGISTERED AGENT

NEW MEXICO AGENT, LLC

By Guillermo D Jalil, puthorized person of NEW MEXICO AGENT, LLC



STATE OF NEW MEXICO

SECRETARY OF STATE

August 18, 2015

MILDRED SNUKIS

PO BOX 6572 WYOMISSING PA 19610

RE: COMPANIO GROUP, LLC

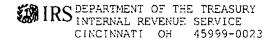
Entity ID: 5103185

The Office of the Secretary of State has approved and filed the Articles Of Organization for the above captioned organization effective August 17, 2015. The enclosed Certificate Of Organization is evidence of filing, and should become a permanent document of the organization's records.

The referenced approval does not constitute authorization for the above referenced organization to transact any business which requires compliance with other applicable federal or state laws, including, but not limited to, state licensing requirements. It is the organizations's sole responsibility to obtain such compliance with all legal requirements applicable thereto prior to engaging in the business for which it has obtained approval of the referenced document.

Your canceled check, as validated by this office, is your receipt. If you have any questions please contact the Corporations Bureau at (505) 827-4508 or toll free at 1-800-477-3632 for assistance.

Corporations Bureau



Date of this notice: 04-12-2021

Employer Identification Number:

86-3203448

Form: SS-4

Number of this notice: CP 575 G

COMPANIO GROUP LLC LUIS VASQUEZ SOLE MBR 5550 GLADES RD STE 500 BOCA RATON, FL 33431

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3203448. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all
 your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is COMP. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

04-12-2021 COMP O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-12-2021 () - EMPLOYER IDENTIFICATION NUMBER: 86-3203448
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 hinddalalalaladaallaallaadaallalalada

COMPANIO GROUP LLC LUIS VASQUEZ SOLE MBR 5550 GLADES RD STE 500 BOCA RATON, FL 33431