

M21000006335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

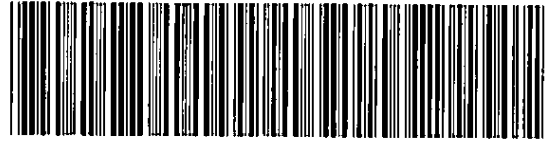
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 MAY 24 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021 MAY 24 AM 11:47
TALLAHASSEE, FL
AD

MAY 25 2021
M. SOLOMON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/21/2021

****WALK IN****

ENTITY NAME 7CC CAPITAL MANAGEMENT LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy
Certified Copy
Certificate of Status

****WALK IN****

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$155.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7CC CAPITAL MANAGEMENT, 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:

STEPHEN P. JOHNSON
Name of Person

THE CORPORATE LAW FIRM
Firm/Company

1000 W. MCNAB RD., SUITE 172
Address

POMPANO BEACH, FL 33069
City/State and Zip Code

SJOHNSON@TC-LF.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

<u>STEPHEN P. JOHNSON</u>	<u>954</u>	<u>957-4402 x1001</u>
Name of Contact Person	at (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**

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. 7CC CAPITAL MANAGEMENT, 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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 86-3967002 (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. 801 US HWY 1 (Street Address of Principal Office) NORTH PALM BEACH, FL 33408

6. 801 US HWY 1 (Mailing Address) NORTH PALM BEACH, FL 33408

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 24 PM 1:07

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

Name: THE CORPORATE LAW FIRM
Office Address: 1000 W. MCNAB RD., SUITE 172
POMPANO BEACH, Florida 33069
(City) (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.

[Signature] President
(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:**

Manager Name: ANTONIO MACIEL

Member Address: 801 US HWY 1

Authorized NORTH PALM BEACH, FL 33408

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: ALEXANDRE NASCIMENTO

Member Address: 801 US HWY 1

Authorized NORTH PALM BEACH, FL 33408

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

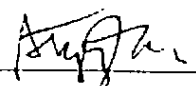
Other _____ Other _____

FILED
 2021 MAY 24 PM 1:07
 CLERK OF THE
 SECRETARY OF STATE
 PALM BEACH COUNTY
 FLORIDA

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

Stephen P. Johnson, Authorized Person

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "7CC CAPITAL MANAGEMENT, 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-FIRST DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7CC CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5931729 8300

SR# 20211979510

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203264916

Date: 05-21-21