## M21000012318

(Re	questor's Name)	
(Ad	dress)	
(ÅÅ)	dress)	
(Cit	y/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
21621	CCC?	159.NO

Office Use Only



500366433645

05/24/21--01010--010 \*\*125.00

2021 SEP 17 JUL 8: 56

EP 17 W.

## COVER LETTER

TO:

**Registration Section** 

SUBJECT:		e of Limited Liability Company
The enclosed Existence, an	f "Application by Foreign Limited Liability (	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to	o the following:
	Luis Garcia/Gustavo Yanez	
		Name of Person
	Advisory Services Group ASG Corp	
		Firm/Company
	2000 Ponce de Leon Blvd, Suite 600	
		Address
	Coral Gables, FL, 33134	
	C	ity/State and Zip Code
	lgarcia@advisorysg.com	
	E-mail address: (to be	e used for future annual report notification)
For further in	formation concerning this matter, please ca	H:
Luis	s Garcia	305 562.5416 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Plea	losed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee  S130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

## 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. Interlagos Holding LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compar	ïy," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate n	ame must include "Limited Liability (	ompany," "L.L.C," or "LLC
Delaware 2.		36-494 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if ap	plicable)
4				
	(Date first transacted business in Florida, if pnor to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty liability)		
2000 Ponce de Leon B			once de Leon Blvd	
Street Address of Principal Office)		(M	ailing Address)	
Suite 600		Suite 6	00	
Coral Gables, FL, 3313	<u></u>	Coral C	Gables, FL, 33134	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptal	pie)	2521
Name:	Luis G Garcia			2018:217
Office Address:	2000 Ponce de Leon Blvd, Ste 600	· · · · · · · · ·		
	Coral Gables		33134 , Florida	28.
	(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.

(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 Capacit	v: Name and Address:
<b>≣</b> Manager	Name: Gustavo Yanez	■Manager	Name: Wolfgang Yanez
□Member	Address: 8365 NW 39th CT	□Member	Address:
☐Authorized	Cooper City, FL, 33024	□Authorized	Cooper City, FL, 33024
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name.
□Member	Address:	□Member	Address:
☐ Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes 1 am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817-155, F.S.

Gustavo Yanez

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INTERLAGOS HOLDING 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERLAGOS HOLDING LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 204052391

Date: 08-31-21

7604505 8300 SR# 20213129805