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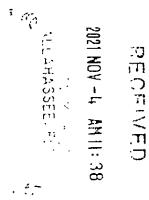
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Office Use Only



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S. HAWKES

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| L.C. File Fictitious Name File | | | | LTD Partnership File |
| Fictitious Name File | | | | Foreign Corp. File |
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| Cert. Copy | | | | Dissolution / Withdrawal |
| Photo Copy | | | | Annual Report / Reinstatement |
| Certificate of Good Standing | | | | Cert. Copy |
| Certificate of Status | | | | Photo Copy |
| Certificate of Fictitious Name | | | | Certificate of Good Standing |
| Corp Record Search | | | | Certificate of Status |
| Officer Search | | | | Certificate of Fictitious Name |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | THON 605.0902, FLORIDA STATUTES, THE FO ISINESS INTHE STATE OF FLORIDA: | DLLOWING IS SUBMITTE | D 10 REGISTE | R A FOREIGN LIMITED LIABILITY |
|--|---|--|--------------------|---------------------------------------|
| (Name of Foreign | Limited Liability Company; must include "Limited | Liability Company," L.L. | C.," or "LLC.") | |
| E-MEX COMM | ERCE LLC | | | |
| (If name unavailable, enter alternate STATE OF WYOMING | name adopted for the purpose of transacting business in Fl | orida. The alternate name must n 38-4192994 | nchide "Länned Lia | bility Company," "L.L.C," or "f.LC.") |
| 2. Chirisdiction uniter the law of w | thich foreign limited liability company is organized) | 3 | (FEI numbe | r, it applicable) |
| 4 | | | | |
| 201 ALHAMBRA CIR | (Date tirst transacted histiness in Florida, it prior to (See sections 605 0904 & 603,0905, F.S. to determine) STE 1205 | 201 ALHAMB | | |
| 5. (Street Address of Principal Office) | | 6. <u>(Mailing Addr</u> | (=55) | |
| CORAL GABLES, FL | CORAL GABLES, FL 33134 | | | |
| | | | | |
| | | | | 60, |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | |
| | CARLOS A. GARCIA PEREZ | | | 1 |
| Name: | 201 ALHAMBRA CIR, STE 1205 | | | PH IZ: 35 |
| Office Address: | | | | ST/S |
| | CORAL GABLES | EL 11 | 33134 | 35 ATE |
| | (City) | , Florida | (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 Capacity: Name and Address: Juan Manuel Tauil Bruno Manager Name: Name: □Manager 201 Alhambra Cir, Ste 1205 ☐Member Address: _____ Member Address: Coral Gables, FL 33134 ☐ Authorized □ Authorized Person Person □Other_____ □ Other_____ Other _____ ☐ Other_____ Name: _____ □Manager □Мападег Address: Address: □Member ☐Member □ Authorized □ Authorized Person Person □ Other_____ Other____ Other____ Other □Manager Name: _____ □Manager Name: _____ ☐ Meinber Address: 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. Eignature of an authorized person Carlos A. Garcia Perez, Esq.

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

E-MEX LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 1, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001017309**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of October, 2021 at 8:21 AM. This certificate is assigned ID Number 047468945.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.