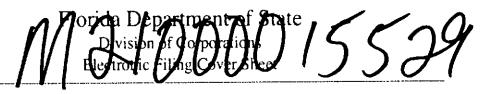
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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Foreign Limited Liability Company Veraz Fondo Nueve, LLC

Certificate of Status	1
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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited Liabi	ny Company, Educa, or Educa,	
fname unavailable, enter alteriste n	anic adopted for the purpose of transacting business in Florida, I	ne alternate name must include "Limited Liability	Company,""LL,C," or "LLC.")
Delaware		,	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if a	ipplicable)
			-
	(Dute first transacted business in Florida, if prior to registral (See sections 605,0904 & 605,0905, F.S. to determine pens	ion.) Ity fiability)	
2330 Ponce De Leon Blvd		2330 Ponce De Leon Blvd	
treet Address of Principal Office)		(Mailing Address)	
Coral Gables, FL 3313	4	Coral Gables, FL 33134	
Name and street address	s of Florida registered agent: (P.O. Box <u>NO</u>	Cacceptable)	2021 NOV I SESKE FAR FALL AHASS
Name:	Worldwide Corporate Administrators LLC		V 18 FARY ASSE
Office Address:	2330 Ponce De Leon Blvd		PH 3
	Coral Gables	33134 , Florida	9: 16 KEE NRIDA
	(City)	(Zip code)	

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:
≣Manager	Name:	Manager	Name: Elias Husni Hanono
□Member	Address: 2330 Ponce De Leon Blvd	□Member	Address: 2330 Ponce De Leon Blvd
□Authorized	Coral Gables, FL 33134	□Authorized	Coral Gables, FL 33134
Person		Person	
□Other	Other	Other	□Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	□Other
□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 felony as provided for in s.817.155, F.S.

Kevi Dutan				
Signature of an authorized person				
Kevin Duteau, Attorney-in-Fact				
Typed or printed name of signee				



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

DELAWARE, DO HEREBY CERTIFY "VERAZ FONDO NUEVE, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERAZ FONDO NUEVE, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204714437

Date: 11-17-21

6370035 8300 SR# 20213822331