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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2021 NOV 22 PH 2: 14

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VECTIVED

K. SALY NOV 2 3 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE

4018F

AUTHORIZATION

COST LIMIT : \$ 130.00

ORDER DATE: November 22, 2021

ORDER TIME : 2:07 PM

ORDER NO. : 260858-005

CUSTOMER NO: 4018F

FOREIGN FILINGS

NAME: ANTERDIT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

	ANTERDIT LLC					
-	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F				
ease return :	all correspondence concerning this matter to	o the following:				
	Stacey Duncan					
		Name of Person				
	Dentons US LLP					
		Firm/Company				
	4520 Main Street, Suite 1100					
		Address				
	Kansas City, MO 64111					
	C	ity/State and Zip Code				
	stacey.duncan@dentons.com					
	E-mail address: (to be	used for future annual report notification)				
r further int	formation concerning this matter, please cal	I:				
Stacey Duncan		816 460-2557				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Control of Tollohorson				
Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 4111	a	Tallahassee, FL 32303				
	osed is a check for the following amount:					
	se make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fee Certificate o	e & 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee, Certificat				

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

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

fname unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited Liabile	ity Company," "L.L.C," or "L.L.C.")			
Delaware		3.				
(Jurisdiction under the law of v	luch foreign limited liability company is organized)	(FEI number, i	3(FEI number, if applicable)			
August 30, 2021						
	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to de	or to registration.) termine penalty hability)	<u> </u>			
925 Mariner Drive		925 Mariner Drive				
treet Address of Principal Office)		6. (Mailing Address)	· · · · · · · · · · · · · · · · · · ·			
Key Biscayne, FL 33149		Key Biscayne, FL 33149				
			20 日			
Name and street addre	ss of Florida registered agent: (P.O. 1	Box NOT acceptable)	1 HOV 2			
Name and street addre	SS of Florida registered agent: (P.O. I Corporation Service Company	Box <u>NOT</u> acceptable)	\$ 22 F			
		Box NOT acceptable)	\$\frac{1}{2} \cdot \frac{1}{2}			
Name:	Corporation Service Company 1201 Hays Street Tallahassee	Box NOT acceptable) 32301	THOY 22 PH 2: 14 LANASSEE TEAMOR			
Name:	Corporation Service Company 1201 Hays Street	· · · · - · · · · · · · · · · · · ·	\$\frac{1}{2} \cdot \frac{1}{2}			
Name: Office Address: egistered agent's accepaving been named as resignated in this applications of the provisions.	Corporation Service Company 1201 Hays Street Tallahassee (City) stance: egistered agent and to accept service attion, I hereby accept the appointment	32301 , Florida	bility company at the place			

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: Vicente Bustamante	□Manager	Name:	
□Member	Address: 925 Mariner Drive	□Member	Address:	
□Authorized	Key Biscayne, FL 33149	□Authorized		
Person		Person		
□Other		Other		□Other
□Manager	Name:	□Manager	Name:	THE ISSUED TO THE
∐Member	Address:	□Member	Address:	1 2 E
□Authorized		□Authorized		
Person		Person		2012. F
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized ·		
Person		Person		
Other	Other	□Other	<u>_</u>	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.

Signature of an authorized person

Vicente Bustamante

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ANTERDIT 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-SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANTERDIT LLC"

WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2021.

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





Authentication: 204759132

Date: 11-22-21