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## **COVER LETTER**

Registration Section Division of Corporations

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Division of Corporations		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
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## 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:

PETRO REALTY INVESTIGATION (If name unavailable, enter alternate)		rida. The alternate name must include "Limited Liability C	ompany," "L.L.C." or "LLC.")
2. DELAWARE  Durisdiction under the law of w	high toreign limited liability company is organized)	3(FEI number, it app	ilicable)
4	(Date first transacted bissness in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determin	egistration ) e penalty liability)	
5. 3500 S DUPONT HW (Street Address of Principal Office)	<u> </u>	6. 520 NW 165TH STREET RD., S (Mading Address)	UITE 101
DOVER, COUNTY O	F KENT	MIAMI.	2021
DE, 19901		FL 33169	) DEC 1-
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	FERRICA TO
Name:	EVANDRA US LLC		<b>1</b> 6
Office Address:	520 NW 165 STREET RD., SUITE 10	<u>l</u>	
	MIAMI (City)	, Florida 33169 (Zip code)	
designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as	rocess for the above stated limited liabili registered agent and agree to act in this and complete performance of my duties.	capacity. I further agree

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: Title or Capacity: Name and Address: Name and Address: Name: JUROVILLC Name: \_\_\_\_\_ **■**Manager Address: 30 N Gould St. Address: \_\_\_\_\_ □Member ☐ Member Ste R, Sheridan, WY 82801 ☐ Authorized □ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Manager Name: Manager Address: ☐ Member Address: \_\_\_\_ ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other → □Other \_\_\_\_\_ Name: \_\_\_\_ Name: □Manager ■ Manager □Member 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.

Bernardo Faincaig



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

DELAWARE, DO HEREBY CERTIFY "PETRO REALTY INVESTMENTS 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 "PETRO REALTY INVESTMENTS LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2021.

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

Authentication: 204713603

Date: 11-17-21