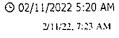
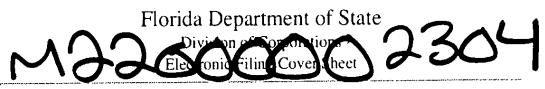
Division of Corporations

→ 18506176383





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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 2990 Ponce LLC

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SEB 1 4 2022

人. Brumbley

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

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

f name unavailable, enter alternate n	time adopted for the purpose of transacting business in Flor	ida. The alternati	e name must include "Limited Liabili	ty Company," "L.L.C." or "Ll C.")	
Delaware		3.			
2. (Jurisdiction under the law of which foreign limited liability company is orga-		<u>. </u>	(FEI number,)	(FEI number, if applicable)	
J		acception)		_	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905; F.S. to determine	penalty liability	d		
20803 Biscayne Blvd.	Suite 405		3 Biscayne Blvd, Suite 40		
Street Address of Principal Office)			(Mailing Address)		
Aventura, FL 33180		Aver	ntura, FL 33180		
				20	
				7	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	table)		
Name:	Salford Corporate Services Inc.		_	P 100	
Office Address:	20803 Biscayne Blvd. Suite 405		_	3: 30	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aventura		33180 . Florida		

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: Benjamin Assa Cojab	■Manager	Name: Eduardo Gildenson
□Member	Address:	□Member	Address:
□Authorized	20803 Biscayne Blvd. Suite 405	☐Authorized	20803 Biscayne Blvd. Suite 405
Person	Aventura, FL 33180	Person	Aventura, FL 33180
□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.

pol		
Signature of an authorized person	-	
Joseph Panholzer, Attorney -in-Fact		
Typed or printed name of signee		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "2990 PONCE 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 ELEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2990 PONCE LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2022.

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

eat corp delaware gov/aut

Authentication: 202635528

Date: 02-11-22