

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000077599 3)))



H220000775993ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

15612148442

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.

Email Address:_____

Foreign Limited Liability Company Makech Royale, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |

S. FRANKLIN

MAR 2 - 2022

022 HAR - 1 AH 11: 5

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA: 1. Makech Royale, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LL.C.") Delaware (FEI number, if applicable) (Juradiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.) (See sections 605,0904 & 605 (99)5, F.S. to determine penalty liability) 801 International Pkwy., Suite 500 801 International Pkwy., Suite 500 (Mailing Address) 5. (Street Address of Principal Office) Lake Mary, FL 32746 Lake Mary, FL 32746 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1 Office Address: North Palm Beach 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.

| Luu | Lauren Underwood, Special Secretary | | | | |
|--------------------------------|-------------------------------------|--|--|--|--|
| (Registered agent's signature) | | | | | |

pg 3 of 4

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

⊙ 03/01/2022 8:11 AM ·

manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity | <u>::</u> | Name and Address: |
|--------------------|--------------------------|-------------------|-----------|-------------------|
| ■ Manager | Name: Teofilo Dario Flor | □Manager | Name: | · |
| □Member | Address: | □Member | Address: | |
| □Authorized | Suite 500 | □Authorized | | |
| Person | Lake Mary, FL 32746 | Person | | |
| □Other | Other | Other | · | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | ☐Authorized | | 2022 HAR |
| Person | | Person | | |
| □Other | Other | □Other | | Other 1 |
| □Manager | Name: | □Manager | Name: | S. S. S. |
| □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.

| Luu | | | |
|-----|-----------------------------------|-------|--|
| | Signature of an authorized person | - | |

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAKECH ROYALE, LLC" IS DULY FORMED

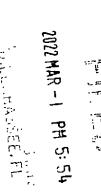
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAKECH ROYALE, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2021.

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





Authentication: 202790615

Date: 03-01-22