Page: 2 of 5

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.

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	•	gn Limited Liability Bulltick4U Advisor,			1

S. FRANKLIN

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\$125.00

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

From, Lexus Wingo

2022-03-03 14:23:10 CST 12122023573

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

. BULLTICK4U ADVIS	OR, LLC Imited Liability Company, must include "Limited				- <u>-</u>
(Name of Foreign I	limited Liability Company; must include "Limited	Liability Con	pany "T. I. C." or	"LLC")	
				· - · · ·	
If name unavailable, enter alternate n	and adapted for the purpose of transacting business in Flo	enda. The aftern	te name must mefude	Claimted Ladidity Cor	npany." "LLLC;" or "LLC")
Delaware		3			
(Junistiction under the law of w	nch foreign limited liability company is organized)	J		{[Li number, il appli	ctpici
4	(Date first transacted business in Plouda, it prose to (See sections 605 0904 & 605 0905; F.S. to determi	registratums)			~
	(Sec sections 693 0994 & 605 0993; P.S. to determ				2022 HAR -
333 SE 2nd Avenue 5		6. <u></u>	SE 2nd Avenue	e _,	
(Street Address of Principal Office)			(Mailing Address)		1
Suite 3950		Sui	te 3950		ω_{i}
					M 12:
Miami, FL 33131		Mi	ımi, FL 33131		(i, 12)
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7. Name and street addres	ss of Florida registered agent. (P.O. Box	NOT acce	ptable)		Ti w
7. Name and street addres	is of Florida registered agent. (P.O. Box	NOT acce	ptable)		
	is of Florida registered agent. (P.O. Box	NOT acce	ptables		
7. Name and street addres Name:	C T Corporation System	NOT acce	ptable)		<u> </u>
Name:		NOT acce	ptable)		<u> </u>
	C T Corporation System 1200 South Pine Island Road		_	3324	
Name:	C T Corporation System 1200 South Pine Island Road Plantation		_	3,324	<u> </u>
Name:	C T Corporation System 1200 South Pine Island Road		ptable)	3.3.2.4 (Ap-vale)	
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (Cny.			·	
Name: Office Address: Registered agent's acception to the second acceptance of the second acceptance	C T Corporation System 1200 South Pine Island Road Plantation (Coy) Stance: Engistered agent and to accept service of	pracess for	3, Florida the above state.	d limited liabili ee to act in this	y company at the place capacity. I further agre
Name: Office Address: Registered agent's acceptaving been named as redesignated in this applicate comply with the provise	CT Corporation System 1200 South Pine Island Road Plantation (Coy) Stance: egistered agent and to accept service of tion, I hereby accept the appointment is ions of all statutes relative to the prope	pracess for	3, Florida the above state.	d limited liabili ee to act in this	y company at the place capacity. I further agre
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Name: Office Address: Registered agent's accept Having been named as redesignated in this applicato comply with the provisand accept the obligation	CT Corporation System 1200 South Pine Island Road Plantation (Coy) Stance: egistered agent and to accept service of tion, I hereby accept the appointment is ions of all statutes relative to the prope	process for us registered r and comp	3 Florida the above stated Lagent and agr lete performanc	d limited liabilities to act in this ee to fry duties,	y company at the place capacity. I further agre

Page: 4 of 5

8.	For initial indexing purposes,	list names, title or	capacity and add	lresses of the primary	members/managers or p	persons authorized to
m:	mage [up to six (5) total].					

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡Manager	Name: William A. Herrera	™ Manager	Name: Humberto Banuelos
⊡Member	Address:	□Member	Address: 333 SE 2nd Avenue
□Authorized	Suite 3950	□ Authorized	Suite 3950
Person	Miami, FL 33131	Person	Miami, FL 33131
Other	Other	□Other	
∑Manager	Name:	™ Manager	Name: Genemarie Eguilior
⊡Meniber	Address: 233 SE 2nd Avenue	□ Member	Address: 233 SE 2nd Avenue
□ Authorized	Suite 3950	☐ Authorized	Address:
Person	Miami, Fl. 33131	Person	, V1 (4) 11 1 1 1 1 1 1 1 1
□Other	_ Other	□Other	= Other = 72
Œ Manager	Name:	□ Manager	Name: Juan Rojas
T: Nember	Address: 333 SF. 2nd Avenue	_ Member	Address: 333 SE 2nd Avenue
□Authorized	Suite 3950	≅ Authorized	Suite 3950
Person	Miami, FL 33131	Person	Miami, FL 33131
⊡()ther	Other]()ther	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 filling 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 secti	ion 605 0203 (1),(b), Florida Statutes. Fam aware that any false information
submitted in a document to the Department of State con	astitutes a third degree felony as provided for in \$.817,155, F.S
	ostitutes a third degree felony as provided for in \$.817,155, F.S

	fillif.	
	Signature of an authorized person	
Juan Rojas		
	Exped on counted name of signer	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BULLTICK4U ADVISOR, 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 FEBRUARY, A.D. 2022.

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





Authentication: 202733160

Date: 02-22-22