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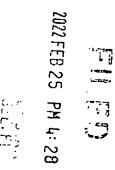
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8. FRANKLIN MAR 1 9 2022

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Nordap Partners LLC						
.,(11),()		Name of Lim	ited Liability	Company			
		ign Limited Liability Company to register the above reference					
Please	return all correspondence co	ncerning this matter to the foll	lowing:				
	Richard L. Skeer	ı, Esq.					
		Name	of Person				
	The Skeen Law C	Group, P.A.					
		Firm/	Company			-	
		Blvd., Suite 105					
	Address Hollywood, FL 33020 City/State and Zip Code =						
	paralegal@skeenia	awoffice.com			۳.	2022 FEB (غا و وسهرت هجو عن ر
	-	E-mail address: (to be used fo	r future annua	Freport notification)	5.	25	: -सम्ब
For fu	ther information concerning	this matter, please call:			(·	PH 4: 21	المنطقة . محسد ا
	Richard L. Skeen, Esq.	а	954 11	300-1529	77-	: 28	
	Name of	Contact Person	Area Code	Daytime Telephon	ie Number	-	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1, 32314				STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FI, 32301			
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTM:	ENT OF STA	TE			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		~	50.00 Filing Status & Cei		

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 IN THE STATE OF FLORIDA:

1. Nordap Partners LLC (Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The a	lternate name must include "Limited Liab	oility Company," "L.L.C," or "	.LC,")	
Delaware		87-4758150 3				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number	r, if applicable)		
1						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty) liability)			
615 Pine Lake Drive (Street Address of Principal Office)		6.	615 Pine Lake Drive (Mailing Addre			
(Street Address of)	Principal Office)	ffice)				
Delray Beach, FL 3344	45		Delray Beach, FL 33445			
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	acceptable)	2022 FEB	- 10	
Name:	The Skeen Law Group, P.A.			2 5	در وه سسس	
Office Address:	2450 Hollywood Blvd., Suite 105			PH 4: 28	دو ۱۳ ۰۰ ۵۵	
	Hollywood		33020 , Florida	· · · · · · · · · · · · · · · · · · ·		
	(City)		(Zip code))		

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.

(Registered agent's signature)

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: Manager Member Authorized Person	Name and Address: Juan Padron Address: Delray Beach, FL 33445	Title or Capacity: Manager Member Authorized Person	Name: Ferr Address: Delray Bea	Name and Address: nando Padron 15 Pine Lake Drive ch, FL 33445
Other	Other	Other		Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:Address:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Address:	Other
Manager	Name:	☐ Manager	Name:	2022 FEF
Member	Address:	☐ Member	Address:	25
Authorized		Authorized		PH
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 plant degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Signature of an authorized person

Oun C. Padrod

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "NORDAP PARTNERS 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "NORDAP PARTNERS LLC" IS A SERIES LIMITED LIABILITY COMPANY.





Authentication: 202673048

Date: 02-15-22

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