

5/3/22 10:31 AM

Division of Corporations

Florida Department of State  
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Account Name : BUSINESS FILINGS  
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Phone : (608)827-5300  
Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: enrique3c@gmail.com

Foreign Limited Liability Company  
THE CHOICE+ AGENCY LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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# 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. THE CHOICE+ AGENCY 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 "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-1545771  
(FEI number, if applicable)

4. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine privity liability)

5. 665 NE 25th Street Suite 2603  
(Street Address of Principal Office)

6. 665 NE 25th Street Suite 2603  
(Mailing Address)

Miami, Florida 33137

Miami, Florida 33137

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

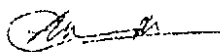
Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation Florida 33324  
(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)

Chris Das, A.V.P., Business Filings Incorporated

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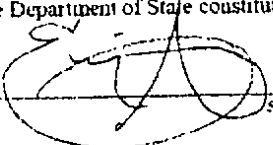
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>              | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Enrique Arbelaez</u>         | <input type="checkbox"/> Manager           | Name: <u>Liliana Gil Valletta</u>    |
| <input checked="" type="checkbox"/> Member | Address: _____                        | <input checked="" type="checkbox"/> Member | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>665 NE 25th Street, Suite 2603</u> | <input type="checkbox"/> Authorized        | <u>1320 Fanning Street</u>           |
| Person                                     | <u>Miami, Florida 33137</u>           | Person                                     | <u>Southlake, Texas 76092</u>        |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager           | Name: _____                           | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                        | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                 | <input type="checkbox"/> Authorized        | _____                                |
| Person                                     | _____                                 | Person                                     | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager           | Name: _____                           | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                        | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                 | <input type="checkbox"/> Authorized        | _____                                |
| Person                                     | _____                                 | Person                                     | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Enrique Arbelaez  
 \_\_\_\_\_  
 Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CHOICE+ AGENCY 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 SECOND DAY OF MAY, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

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SR# 20221719667

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203319443

Date: 05-02-22