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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : US CONTADOR INC
Account Number : I20200000121
Phone : (770)928-2700
Fax Number : (888)772-8108

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
SORIELES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 MAY 17 PM 3:46

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FILED

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SORIELES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP.")

(If name was already, or is otherwise, used adopted for the purpose of doing business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. DELAWARE

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

3. 38-4126699

(EIN number, if applicable)

4. 05/11/2022(Date first organized pursuant to Florida or other applicable law)
(See sections 601.001 and 605.002, F.S., for definition of foreign liability)5. 3201 Griffin Rd Suite 206

(Street Address of Principal Office)

6. _____

(Mailing Address)

FORT LAUDERDALE, FL 333127. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CONTADOR RA LLCOffice Address: 4855 W HILLSBORO BLVD RACOCONUT CREEK

(City)

Florida 33073

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and in 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)

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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>
☐ Manager	Name: <u>HABOBA, CLAUDIA N</u>	☐ Manager	Name: _____
☒ Member	Address: <u>3201 GRIFFIN RD STE 206</u>	☐ Member	Address: _____
☐ Authorized	<u>FORT LAUDERDALE, FL 33312</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ 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.

CLAUDIA N HABOBA

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 "SORIELES 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 TENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SORIELES LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2019.

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



7567678 8300

SR# 20221903413

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203395268

Date: 05-10-22