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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	6813 VIENTO, LLC		
DOBOLC		me of Limited Liability Company	-
		y Company for Authorization to Transact Business in Florida e referenced foreign limited liability company to transact bus	
Please re	turn all correspondence concerning this matter	to the following:	
	LESTER E. RIORDAN III		
		Name of Person	-
	LAW OFFICES OF LESTER E. RI	ORDAN III	
		Firm/Company	-
	12 POND LANE, SUITE EB-1N		70.
	Address		
	CONCORD, MA 01742		2022 MAT -4 PH 11: 28
		City/State and Zip Code	- <u> </u>
	LES@LESRIORDANLAW.COM		=
	E-mail address: (to	be used for future annual report notification)	28
For furth	er information concerning this matter, please c	ali:	
	LESTER E. RIORDAN III	978 341-0404 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	=
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE S125.00 Filing Fee S130.00 Filing F Certificate	EPARTMENT OF STATE Fee & 「□ \$155.00 Filing Fee & 図 \$160.00 Filing Fee.	

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

IN COMPLIANCE WITH SECTION (05:09)2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

tiane unavatame, ener atterente	name adopted for the purpose of transacting business in Flori	ida. The alternate name m	an include "Limited Liability Co	impany." "L.L.C	," or "LLC
DELAWARE		_			
Unisdiction under the law of which foreign limited liability company is organized)		3	(Ff'l number, if applicable)		
APRIL 26, 2022					
	(Date first transacted business in Florida, if prior to reg (See sections 695,0904 & 605,0905, F.S. to determine	gistration) penalty liability)			
7558 MARTINIQUE BLVD		7558 MARTINIQUE BLVD			
reet Address of Principal Office)		6. (Mailing	Addressi	·	
				,	د
				7.0	<u> </u>
BOCA RATON, FLOR	RIDA 33433	BOCA RAT	ON, FLORIDA 33433	3 5	عرب الأدار الألايا
					-
Name and street addre	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)			P
					PH II: 21
Mana a	ALEXANDER KESLER				: 28
Name:	· · · · · · · · · · · · · · · · · · ·				
Office Address:	7558 MARTINIQUE BLVD				
	<u> </u>				
	BOCA RATON		33433		

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: Name and Address: Title or Capacity: Name and Address: ALEXANDER KESLER Name: **■**Manager □ Manager Name: 7558 MARTINIQUE BLVD □Member ☐ Member Address: Address: BOCA RATON, FL 33433 □ Authorized □ Authorized Person Person □Other_____ _____ 🔲 🗀 Other_____ □Other_____ □Other____ □ Manager Name: □ Manager Name: ______ Address: _____ □Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other____ Other □Other____ □Other_ Name: □Manager □ Manager □Member ☐ 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. Nonindexed 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.

Typed or printed name of signee

ALEXANDER KESLER

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "6813 VIENTO, 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 APRIL, A.D. 2022.

6753584 8300 SR# 20221581483 Authentication: 203250352

Date: 04-22-22