

M22000010767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

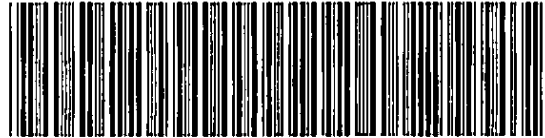
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WJD - 66954

00647
Sent Refund
on Duplicate
copy

Office Use Only



600386997936

05/03/22--01021--029 **125.00

APPROVED
AND
FILED
2022 MAY -3 AM 8:39
JUL 13 2022

JUL 13 2022
K Brumley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FINTUAL ASSET MANAGEMENT, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michel de Amorim

Name of Person

Drummond Consulting LLC

Firm/Company

601 Brickell Key Drive, Suite 901

Address

Miami, FL 33131

City/State and Zip Code

compliance@drummondadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel de Amorim

781

770-0005

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 DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FINTUAL ASSET MANAGEMENT, 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. 87-4266535
(FEI number, if applicable)

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

5. 2509 North Miami Avenue,
(Street Address of Principal Office)

6. 601 Brickell Key Drive, Suite 901
(Mailing Address)

Suite 204, Miami, FL 33127
Miami, FL 33131

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

Name: Drummond Consulting LLC

Office Address: 601 Brickell Key Drive, Suite 901

Miami, Florida 33131
(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)

APPROVED
AND
FILED

2022 MAY -3 AM 8:39

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>FINTUAL, INC.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Omar Larre</u>
<input checked="" type="checkbox"/> Member	Address: <u>601 Brickell Key Drive,</u>	<input type="checkbox"/> Member	Address: <u>2509 North Miami Avenue,</u>
<input type="checkbox"/> Authorized	<u>Suite 904 MIAMI, FL 33131</u>	<input type="checkbox"/> Authorized	<u>Suite 204, Miami, FL 33127</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Stella Melaragno</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Francisca Domínguez</u>
<input type="checkbox"/> Member	Address: <u>2509 North Miami Avenue,</u>	<input type="checkbox"/> Member	Address: <u>2509 North Miami Avenue,</u>
<input type="checkbox"/> Authorized	<u>Suite 204, Miami, FL 33127</u>	<input type="checkbox"/> Authorized	<u>Suite 204, Miami, FL 33127</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gregorio Gonzalez</u>	<input type="checkbox"/> Manager	Name: <u>Pedro Alberto Pineda Herrera</u>
<input type="checkbox"/> Member	Address: <u>2509 North Miami Avenue,</u>	<input type="checkbox"/> Member	Address: <u>2509 North Miami Avenue,</u>
<input type="checkbox"/> Authorized	<u>Suite 204, Miami, FL 33127</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 204, Miami, FL 33127</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Pedro Alberto Pineda Herrera, Authorized Person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FINTUAL ASSET MANAGEMENT, 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 JUNE, A.D. 2022.




Jeffrey W. Bullock, Secretary of State

6510817 8300

SR# 20222680958

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

Authentication: 203650623

Date: 06-10-22