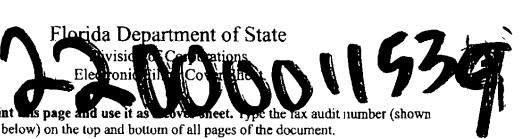
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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 **MAXFRAN PARTNERS LLC**

Certificate of Status	1		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$130.00		

S. FRANKLIN

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JUL 2 5 2022

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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:

	name adopted for the purpose of transacting business in Fl	rida The alte	mate name must include "Limited Liability C	ompany," "L.L.C," or "I	
DELAWARE			8-4215419		
(Jurisdiction under the law of which foreign limited liability company is organized)		ے .د	(FEI number, if applicable)		
07/20/2022	(Date first transacted business in Florida, if prior to (See sections 603.0904 & 605.0905, F.S. to determi			201	
	ility)	2022 ."			
1835 NW 112TH AV	E STE 174	17 6.	460 SW 73rd CT		
tet Address of Principal Office)		<del></del>	(Matling Address)		
MIAMI F1. 33172		. Pa	lmetto Bay, FL 33157	PH 3	
				05	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	·	
Name:	OPEN MARKET INVERSIONES INC	,	<u> </u>		
Office Address:	1835 NW 112TH AVE STE 174	<del></del>	<del></del>		
Office Address:	MIAMI		 33172 , Florida		

## 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.

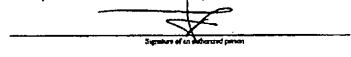
(Registered agent's signature)

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: JAVIER DARIO FELDMAN	Tilk or Capacity:		Yame and Address:		
C Marager	Name: JAVIER DARIO FELDMAN	☐ Manager	Name:		<u></u>	
	Address: 17460 SW 73rd CT	D\(\text{Member}\)	Address			
El Authorized	Palmetto Bay, FL33157	☐ Authorized				
Person		Person				
Other		Other	<del></del>	ElOther		
					1811	
DManager .	Name;	OManager .	Name:			
Ометье	Address:	☐ Member	Address:		- 22	
DAviborized		DAuthorized			, ,	
Person		Person	•			
Other	Dother	□Other				
					est Sa	
] Manager	Name:	☐ Manager	Name:		<u></u>	
3Member	Address:	☐Member	Address:			
JAuthorized .		☐ Authorized				
Person		Person	<del></del>	<u>:</u>	·	
Other		□Other	<u> </u>	DOther		

Important Notice: Use an attachment to report more than aix (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 cus ody 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 a 817.155, F.S.



JAVIER DARIO FELDMAN

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAXFRAN PARTNERS LLC" IS DULY FORMED

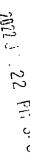
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAXFFAN PARTNERS LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2021.

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





Authentication: 203185058

Date: 04-14-22