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S. FRANKLIN

AUG - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuente Azul 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.

Dinisha Gaskin
Name of Person

Fuente Azul LLC
Firm/Company

11971 SE Tiffany Way
Address

Jupiter FL 33477
City/State and Zip Code

dgaskin@wai-llc.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

Dinisha Gaskin 312 967-2730
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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 818.001, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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

(If name is available, enter a name which is subject to the purpose of transacting business in Florida. The alternate name must contain "Limited Liability Company," "LLC," or "LLP")

2. Delaware : 51-0006522
(Jurisdiction under the law of which Foreign Limited Liability Company is organized) (Tax number, if applicable)

3. _____
(State and County of formation of Foreign Limited Liability Company)
(If the company has a principal office in Florida, enter the name of the principal office)

4. 11971 SE Tiffany Way • 11971 SE Tiffany Way
(Street Address of Principal Office) (Post Office)
Jupiter, FL 33469 Jupiter, FL 33469

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

Name C T Corporation System

Office Address 1200 South Pine Island Rd.
Plantation Florida 33324

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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.

/s/ Sandra Zwijack Sandra Zwijack, Asst. Secretary

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):

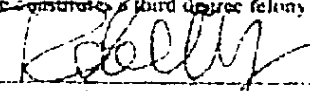
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Robert Walters</u>	☐ Manager	Name: _____
☒ Member	Address: <u>17139 SE Limerick Ct</u>	☐ Member	Address: _____
☐ Authorized Person	<u>Jupiter, FL 33469</u>	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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.812.133, F.S.



Signature of an authorized person

Robert Walters

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUENTE AZUL 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 SAID "FUENTE AZUL LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2015.

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5750963 8300

SR# 20221705787

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

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

Authentication: 203319160

Date: 05-02-22