

1122000013997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

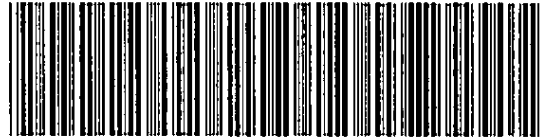
(Business Entity Name)

(Document Number)

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T. LEMIEUX  
SEP -9 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N. V. Explootatie MAATSCHAPPIJ Concordia  
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:

W. Iken Jonckheer  
Name of Person

Firm/Company

16851 SW 84<sup>th</sup> Ave  
Address

Palmetto Bay, FL 33157  
City/State and Zip Code

billy@gojad.com OR pmartijn@aol.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA MARTIN at (305) 323-8533  
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

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:

1. N.V. Explootatie Maatschappij Concordia, 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. CURACAO  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. Willem Jonckheer  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

16851 SW 84<sup>th</sup> Ave  
PALMETTO Bay, FL 33157

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JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF DADE  
FLORIDA

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

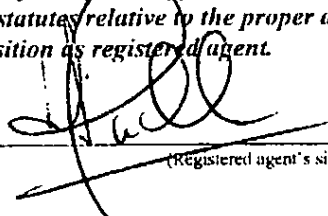
Name: PATRICIA MARTIJN

Office Address: 16851 SW 84<sup>th</sup> Ave

PALMETTO Bay, FL . Florida 33157  
(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)

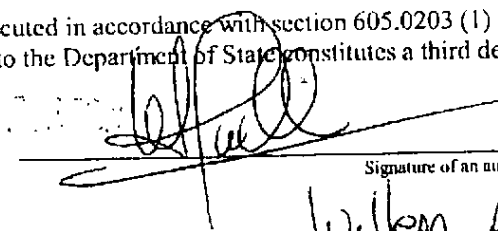
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

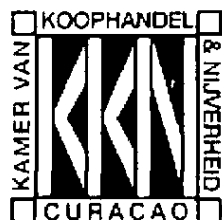
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Willem Juckheer		<input checked="" type="checkbox"/> Manager	Name:	<del>GREGORY GALATIAGA</del>	
<input type="checkbox"/> Member	Address:	ASTERIDEWEG 9A		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		CURACAO		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	GREGORY GALATIAGA		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	EROSWEG 61		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		CURACAO		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

  
\_\_\_\_\_  
Signature of an authorized person  
Willem A. JUCKHEER  
\_\_\_\_\_  
Typed or printed name of signer



# Curaçao Commercial Register

## Excerpt from the Commercial Register

Registration number: 1780 (0)  
Date: July 29, 2022 Time: 11:29:26 AM

In the Commercial Register of the Curaçao Chamber of Commerce & Industry is registered under number 1780: N.V. Exploitatie Maatschappij Concordia

Trade name	N.V. Exploitatie Maatschappij Concordia
Legal form	Limited Liability Company
Official name	N.V. Exploitatie Maatschappij Concordia
Statutory seat	Curaçao
Date of incorporation	April 19, 1956
Date established	April 19, 1956
Authorized capital	Antillean Guilder 100.000,00
Issued capital	Antillean Guilder 100.000,00
Paid up capital	Antillean Guilder 40.000,00
	There are holders of non paid-up shares
Fiscal year	The fiscal year is equal to the calendar year
Address	Grebbeineweg 80
Country	Curaçao
Mailing address	(same as above)
Object	Owning and dealing in real estate

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### Official(s)

1

Function	Statutory director
Title description	Managing Director
Name	Gregory Galarraga
Date of birth	February 17, 1973
Place of birth	Willemstad
Country of birth	Curaçao

2

Function	Statutory director
Title description	Managing Director
Name	Willem August Jonckheer
Date of birth	December 9, 1960
Place of birth	Willemstad
Country of birth	Curaçao
Nationality	Dutch