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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

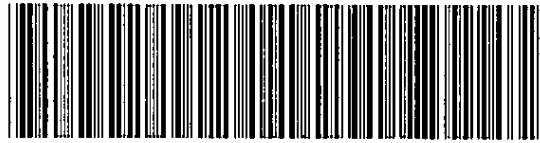
(Business Entity Name)

(Document Number)

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2022 SEP 19 AM 11:46
T. LEMIEUX

T. LEMIEUX
SEP 26/2022

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

STF FL, 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. Puerto Rico 3. 66-1012612
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 111 North Orange Ave 6. PO Box 367791
(Street Address of Principal Office) (Mailing Address)
8th Floor Suite 800 San Juan, PR 00936
Orlando FL, 32801

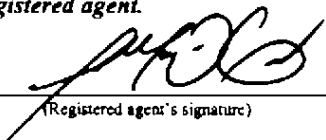
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jonathan Martinez-Gaud
Office Address: 111 North Orange Ave. 8th Floor Suite 800
Orlando, FL 32801
(City) Florida (Zip code)

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STATE OF 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:
 Manager Name: Francedit Jimenez-Marin
 Member Address: Cra. 34 #10-581
 Authorized Yumbo, Valle del Cauca
 Person 760501 (Colombia)
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Fashion Garments & Fabrics SA
 Member Address: Urb Marbella Calle 53E
 Authorized 53E Edif. Torre MMG piso 16
 Person Ciudad de Panama, Panama 0801
 Other _____ Other _____

Manager Name: SANTAMARIA37 S.A
 Member Address: Av. Miguel Brostella
 Authorized (Boulevard el Dorado)Camino de Cruces
 Person Piso 5 Oficina 501 Apto 0818
 Other Panama Other 005597

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ 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

Jonathan Martinez-Gaud

 Typed or printed name of signer



CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That according to our records **STF PR LLC**, with registration number **487611**, is a **domestic for profit limited liability company** organized on **May 24, 2022**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **September 13, 2022**.

A handwritten signature in black ink, appearing to read "Omar J. Marrero Díaz".

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 13-Sep-2023.