

MA 200015067  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ELJAI EK, RUIZ, RODRIGUEZ, ALVEREZ, PLLC  
Account Number : 20030000013  
Phone : (305)444-5989  
Fax Number : (786)532-4173

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mm@erralaw.com

Foreign Limited Liability Company  
C2 Group, LLC

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

2022: 28 AM 11:04

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2022 Sep 27 10:55

Handwritten notes and signatures at the bottom right of the page.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: C2 GROUP, 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:

Alejandro R. Alvarez  
\_\_\_\_\_  
Name of Person

ERRA LAW  
\_\_\_\_\_  
Firm/Company

2601 S. Bayshore Dr., 18th Floor  
\_\_\_\_\_  
Address

Coconut Grove, Florida 33133  
\_\_\_\_\_  
City/State and Zip Code

aa@erralaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2022-09-28 11:04

For further information concerning this matter, please call:

Alejandro R. Alvarez at ( 305 ) 299-7232  
\_\_\_\_\_  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. C2 GROUP, 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. \_\_\_\_\_  
(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. 4390 SW 74th Avenue  
(Street Address of Principal Office)  
Miami, Florida 33155

6. 4390 SW 74th Avenue  
(Mailing Address)  
Miami, Florida 33155

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11:04

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

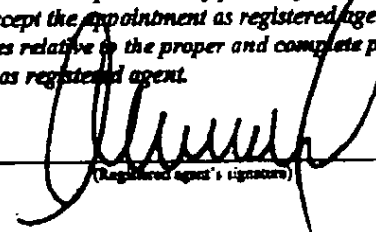
Name: Alejandro R. Alvarez

Office Address: 2601 S. Bayshore Drive, 18th Floor

Coconut Grove, Florida 33133  
(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)

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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: Alain Rodriguez

Member            Address: 4390 SW 74th Avenue

Authorized            Miami, Florida 33155

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager            Name: Rodney Martinez

Member            Address: 4390 SW 74th Avenue

Authorized            Miami, Florida 33155

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

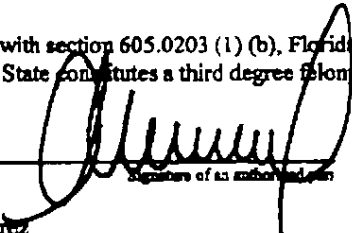
Other \_\_\_\_\_                       Other \_\_\_\_\_

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**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.

  
 \_\_\_\_\_  
 Alejandro R. Alvarez  
 \_\_\_\_\_  
 Typed or printed name of sign

**H22000333897 3**

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C2 GROUP, 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 SEVENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C2 GROUP, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2022.

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

2022: 28 11:04



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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SR# 20222638244

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203610082

Date: 06-07-22

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