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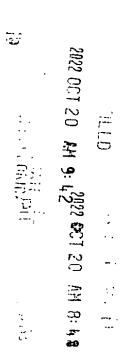
(	Requestor's Name)
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#### **COVER LETTER**

Registration Section

TO:

	Nar	ne of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of ereferenced foreign limited liability company to transact business in Florida
Please return a	ll correspondence concerning this matter	to the following:
	MARCEL D FERAUD	
	The state of the s	Name of Person
	GESTORIA INTERNACIONAL LL	С
		Firm/Company
	117 NW 42ND AVENUE, SUITE C	UI
		Address
	MIAMI, FL 33126	
		City/State and Zip Code
	marcelferaud@gestoriamiami.net	
	,	be used for future annual report notification)
For further info	ormation concerning this matter, please c	ail:
MAR	CEL D FERAUD	305 773 6740 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
Regi: Divis	ng Address: stration Section sion of Corporations Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	sed is a check for the following amount: e make check payable to: <b>FLORIDA DE</b> 25.00 Filing Fee  S130.00 Filing F Certificate	Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate

### 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:

NEW YORK			bility Company," "L.L.C," or "LI
	NEW YORK 2.		
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI numbe	r, if applicable)
-	/Date that the executed business in Florida if grive to pa	netration .	<del></del> -
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	penalty liability)	
117 NW 42ND AVENUE		117 NW 42ND AVENUE	
treet Address of Principal Office)	<del> </del>	6. (Mailing Address)	
SUITE CUI		SUITE CUI	
MIAMI, FL 33126		MIAMI, FL 33126	2822 0
Name and street addres	ss of Florida registered agent: (P.O. Box.)  GESTORIA MIAMI LLC	N <u>OT</u> acceptable)	**************************************
Name: Office Address:	117 NW 42 AVE, SUITE CUI		9: 42 1.05-187
	MIAMI	33126 , Florida	
	(City)	(Zip code)	<del></del>

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: Title or Capacity: Name and Address: Name: JAIME M FRANCO □Manager ■ Manager Name: Address: 4058 ITHACA ST ■ Member □Member Address: ELMHURST, NY 11373 ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other □Other\_\_\_\_ □Other □ Manager Name: □Manager Name: ☐ Member Address: □ Member Address: □ Authorized □ Authorized Person Person Other □Other ☐Other\_\_\_\_ □Other □Manager Name: □ Manager Name: Address: Address: □Member ☐ Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other ☐Other\_\_\_\_ □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

MARCEL D FERAUD



## STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy for COFRADIA PERLA LLC, File Number 220622002182 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 22, 2022.

Brendan C. Hughes

**Executive Deputy Secretary of State** 

Brandon C Higher



## ARTICLES OF ORGANIZATION OF COFRADIA PERLA LLC Under Section 203 of the Limited Liability Company Law

FIRST: The Name of the limited liability company is: COFRADIA PERLA LLC

SECOND: The county, within this state, in which the office of the limited liability

company is to be located is QUEENS

THIRD: The Secretary of State is designated as agent of the limited liability company

upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against

the limited liability company served upon him or her is:

COFRADIA PERLA LLC 4058 ITHACA ST

ELMHURST, NY 11373

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

JAIME FRANCO (Signature)

JAIME FRANCO, ORGANIZER 4058 ITHACA ST ELMHURST, NY 11373

Filed by:

JAIME FRANCO 4058 ITHACA ST ELMHURST, NY 11373

> Filed with the NYS Department of State on 06/22/2022 Filing Number: 220622002182 DOS ID: 6518214