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S. ROBERTS

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COVER LETTER

	Capital Holdings 244, LLC	Á.			
CT:			_		
	Name	e of Limited Liability Company			
losed e, ar	I "Application by Foreign Limited Liability of the deck are submitted to register the above to	Company for Authorization to Transact Business in Flori referenced foreign limited liability company to transact b	da," usin		
eturn	all correspondence concerning this matter to	o the following:			
	Erin Meyer				
	Name of Person				
-	Advocate Consulting Legal Group, PL	rc			
ີ້	• • • • • • • • • • • • • • • • • • • •	Firm/Company	_		
	3555 Kraft Road, STE 240		,		
		Address	·		
	Naples, FL 34105				
	City/State and Zip Code				
	erinm@advocatetax:com	<i>'</i> a			
	E-mail address: (to be	e used for future annual report notification)	_		
her in	nformation concerning this matter, please cal	n:			
Erii	n Meyer	239 213-0066 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number	r		
Mailing Address: Registration Section		Street Address: Registration Section			
	vision of Corporations	Division of Corporations			
	D. Box 6327 Hahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
1 11.	manassoc, 1 15 525 1 1	Tallahassee, FL 32303			
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160,00 Filing F			

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:

Capital Holdings 244, I	Limited Liability Company; must include "Limited	Takitin Company # HT L C P or HT C P)			
(Name of Foreign	Lamited Lizotitty Company; must include Limited	Liaming Company, Lillie, or Libe.			
ame unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rids. The alternote name must include "Limited Liz	bility Company," "L.L.C," or "LLC."		
Delaware		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)			
z *					
	(Date first transacted business in Florida, if prior to re	gistration.)	 .		
	(See sections 605,0904 & 605,0905, F.S. to determin				
1600 E Airport Road	~	8 The Green, Ste A., Dover, 6. (Mailing Address)	DE 19901		
cet Address of Principal Office)		(Mailing Address)	•		
Pembroke Pines, FL 32	8023	Dover, DE 19901	•		
		ò	2023		
			<u> </u>		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	: =		
Ivanie and <u>street addres</u>	55 OF FIGURE TERISIONER ARCHIT. (1.07. DON	1401 acceptable)	បា		
	Antonio Fonseca				
Name:			ڢ		
007 411	1600 E Airport Road		ហ		
Office Address:		· · · · · · · · · · · · · · · · · · ·	ಧ		
	Plantation	33023			
	(City)	, Florida(Zip code)			

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: Antonio Fonseca Nicholas Fonseca □ Manager ☐ Manager 8 The Green, Ste A. 8 The Green, Ste A. Member Address: **■**Member Address: Dover, DE 19901 Dover, DE 19901 ☐ Authorized ☐ Authorized Person Person □Other____ Other_ □Other_ □Other_____ Name: _____ □Manager □Manager ☐Member □Member Address: ** Address: \square Authorized ☐ Authorized Person -Person □Other_ □ Other Other □Other____ Name: □Manager Name: ___ □Manager □Member Address: □Member Address: _____ □ Authorized □ Authorized Person Person □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. mseca Signature of an authorized person Antonio Fonseca

Typed or printed name of signor

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPITAL HOLDINGS 244, 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 2022.

Authentication: 205216275

Date: 12-29-22