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Division of Corporations

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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 : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

Phone : (302) 575-0875

Fax Number : (302) 575-1642

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

Email Address: _____

Foreign Limited Liability Company
OLD RIVER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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. OLD RIVER LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
Old River Estates 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. _____
(FED number, if applicable)

4. Upon Qualification
(Have (not) transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0901, F.S. for descriptive penalty liability.)

5. 2625 Weston Road - Suite 105
(Home Address of Principal Office)

6. 2625 Weston Road - Suite 105
(Mailing Address)

Weston, FL 33331

Weston, FL 33331

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

Name MMXVII CONSULTING LLC

Office Address 2625 Weston Road - Suite 105

Weston, Florida 33331
(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.

[Signature]
(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	Federico Nahuel Garcia Dobon	<input type="checkbox"/> Manager	Name	_____
<input type="checkbox"/> Member	Address:	2625 Weston Road - Suite 105	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		_____	<input type="checkbox"/> Authorized		_____
Person		Weston, FL 33333	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 _____
<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 605.020(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 § 817.155, F.S.

Signature of an authorized person

GARCIA DOBON FEDERICO

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLD RIVER 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 EIGHTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLD RIVER LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2018.

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



6891202 8300

SR# 20230911664

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202865885

Date: 03-08-23