# M23000003106

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#### **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	Retorl Properties LLC					
	Name of Limited Liability Company					
The enclo Existence	used "Application by Foreign Limite t, and check are submitted to register	d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.				
Please ret	urn all correspondence concerning t	his matter to the following:				
	Janna Matco, Esq.					
	Name of Person					
		Firm/Company				
	801 Brickell Ave., 8th Floo	г				
		Address				
Miami, FL 33131						
	City/State and Zip Code					
	info@business-esq.com					
	E-mail ado	ress: (to be used for future annual report notification)				
For furthe	r information concerning this matter	, please call:				
j	Janna Matco, Esq.	305 600-3816				
-	Name of Contact Pe	· · · · · · · · · · · · · · · · · · ·				
F	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
1	Callahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
P	S125.00 Filing Fee 💢 S130.00	amount:  RiDA DEPARTMENT OF STATE  Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate certificate of Status Certified Copy of Status & Certified Copy				

#### 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:

I MAINE CHATEMANC, COME BUCHESC	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited L	tability Company," "L.L.C," or "
Texas		87-3675634	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3(FFI numb	oer, if applicable)
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	<del></del>
1200 Brickell Ave., Suite 800		6. (Mailing Address)	00
vet Address of Principal Office)		(Mailing Address)	
Miami, FL 33131		Miami, FL 33131	
<del></del> .			207
Name and street address	ss of Florida registered agent; (P.O. Box	NQT acceptable)	023 HAR
			? - 0
	Finanz Butik Management LLC		. <del>-</del>
Name:	Finanz Butik Management LLC		-
Name: Office Address:	Finanz Butik Management LLC 1200 Brickell Ave., Suite 800		–
		33131 , Florida	-t:

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 igent.

(Regulated agent's spanie)

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:
<b>≅</b> Manager	Name: Rosa Maria G. Lopez Carasa	Manager	Name: Fausto Lopez Ulloa
☐ Member	Address: 1200 Brickell Ave., Suite 800	□Member	Address: 1200 Brickell Ave., Suite 800
☐ Authorized	Mizmi, FL 33131	☐ Authorized	Miami, FL 33131
Person		Person	
Other	□Other	Other	[]Other
□Manager	Name:	ПМападет	Name:
☐ Member	Address:	□Member	Address:
☐ Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□ Manager	Name:
□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. 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 amborized person

Fausto Opez U 1104

Typod or printed refere of signes

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for RETORL PROPERTIES LLC (file number 804219670), a Domestic Limited Liability Company (LLC), was filed in this office on September 03, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 06, 2023.



gave Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1220135680003