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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: eduardo.mendoza@cimsacv.com

Foreign Limited Liability Company
CORAL R GABLES OPERATIONS LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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DETAILED

2023 MAR 28 AM 11:24

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAR 28 PM 3:53

FILED

11A

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.06(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Coral R Gables Operations, 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 3. 92-2379208
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.06(4) & 605.06(5), F.S. to determine penalty liability)

5. 1065 SW 8th Street PMB 5132 6. 1065 SW 8th Street PMB 5132
(Street Address of Principal Office) (Mailing Address)
Miami, FL 33130 Miami, FL 33130

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) , Florida (Zip code)

FILED
MAR 28 PM 3:53
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA

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.

C T Corporation System
By: Donna Peterson-Riggs, Asst. Secretary
(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: <u>Coral R Gables Management LLC</u>	<input type="checkbox"/> Manager	Name: <u>Eduardo Mendoza</u>
<input checked="" type="checkbox"/> Member	Address: <u>1065 SW 8th Street PMB 5132</u>	<input type="checkbox"/> Member	Address: <u>1065 SW 8th Street PMB 5132</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33130</u>	<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33130</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Javier Enrique Flores Cortes</u>	<input type="checkbox"/> Manager	Name: <u>David Ramos Betancourt</u>
<input type="checkbox"/> Member	Address: <u>1065 SW 8th Street PMB 5132</u>	<input type="checkbox"/> Member	Address: <u>1065 SW 8th Street PMB 5132</u>
<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33130</u>	<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33130</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Hector Ivan Covarrubias</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>1065 SW 8th Street PMB 5132</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33130</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

Eduardo Mendoza
 Signature of an authorized person
Eduardo Mendoza
 Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CORAL R GABLES OPERATIONS 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-SEVENTH DAY OF MARCH, A.D. 2023.

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



7277520 8300

SR# 20231161900

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203010647

Date: 03-27-23