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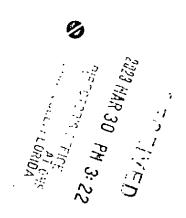
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)
		<u></u>
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	·	
	(Document Number)	
Copies	Certificates	of Status
30p.c3	_ Garaneates	O/ O/d/d/
onstructions to	Filing Officer:	
		,

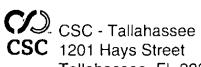
Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 03/30/23 Order #: 624540-1 Re: Rodiles Key LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

sontille man

12000000195

Certificate of Good Standing from State of Incorporation

AUTHORIZATION:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Rodiles Key LLC	
	ì	Name of Limited Liability Company
		lity Company for Authorization to Transact Business in Florida." Certificate of ove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this mat	ter to the following:
	Juan Acero	
		Name of Person
	Covadonga Key LLC	
		Firm/Company
	601 Brickell Key Drive. Suite 10)1
		Address
	Miami, FL 33131	
		City/State and Zip Code
	jacerom@mreus.masaveu.com	
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, pleas	e call:
	Juan Acero	305 331-0546 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA I \$\infty\$ \$125.00 \text{ Filing Fee} \text{\$\subset}\$ \$130.00 \text{ Filing} \$Certification	DEPARTMENT OF STATE

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:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	Torida. The a	lternate name must include "L	imited Liability	y Company,	" "L.L.C.	or "LLC	
Delaware 2.		3.	88-2957691					
(Jurisdiction under the law of which foreign limited liability company is organized)			(1	applicable)				
01/01/2023								
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) jability)		_			
601 Brickell Key Drive. Suite 101 Street Address of Principal Office)			601 Brickell Key Dr					
Street Address of Principal Office)	-	_	(Mailing Address)				_	
Miami, FL 33131		!	Miami, FL 33131					
					·_•	202		
. Name and street addres	s of Florida registered agent: (P.O. Box	C <u>NOT</u> ac	cceptable)			BHAR 30	— 声:	
Name:	Corporation Service Company	. <u>-</u>				PM 2:		
Office Address:	1201 Hays Street				٠.	9		
	Tallahassee		3230 . Florida)1				
	(City)			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.

Corporation Service Company

By: Cleans Weilard - Sirenson AVF
(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Covadonga Key LLC □Manager □Manager Name: 601 Brickell Key Drive. Suite Address: **■** Member □Member Address: ___ ____ Miami, FL 33131 **■**Authorized ☐ Authorized Person Person Other____ □Other_____ □Other____ Name: Name: _______ □Manager □Manager □Member Address: _____ □Member Address: ______ ☐ Authorized ☐ Authorized Person Person Other □Other____ □Other____ Other_____ □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. 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. Signature of an authorized person Victor Roza

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RODILES KEY 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 THIRTIETH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RODILES KEY LLC"
WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2022.

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

LAYS OF THE PARTY OF THE PARTY

Authentication: 203042657

Date: 03-30-23

6837464 8300 SR# 20231224542