



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COQUI HOLDINGS CRL  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ada C. Soto Padilla, Esquire

Name of Person

Ada C. Soto Padilla P.A.

Firm Company

4307 Sea Grape Drive

Address

Lauderdale by the Sea, FL 33308

City State and Zip Code

adacelma@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ada C. Soto Padilla, Esquire

Name of Contact Person

at ( 787 )

Area Code

248-2337

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate 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:

1. COQUI HOLDINGS CRL  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

*in* Coqui Holdings CRL 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. Puerto Rico  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0892143  
(FEI number, if applicable)

4. April 26, 2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4307 Sea Grape Drive  
(Street Address of Principal Office)  
Lauderdale by the Sea  
FL 33308

6. 4307 Sea Grape Drive  
(Mailing Address)  
Lauderdale by the Sea  
Florida 33308

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

Name: Ada C. Soto Padilla P.A.

Office Address: 4307 Sea Grape Drive  
Lauderdale by the Sea, Florida 33308  
(City) (Zip code)

FILED  
2023 JUN -7 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, 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.*

 /s/adacelmasotopadilla  
(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]:

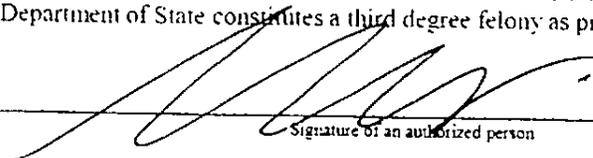
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Marisara Melendez Torres</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>270 Muñoz Rivera Ave, Suite 350 San Juan, Puerto Rico 00918</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Name: <u>Ada Celma Soto Padilla</u> Address: <u>4307 Sea Grape Drive, Lauderdale by the Sea, Fl 33308</u>	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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.17.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
**Ada Celma Soto Padilla**  
 \_\_\_\_\_  
 Typed or printed name of signer

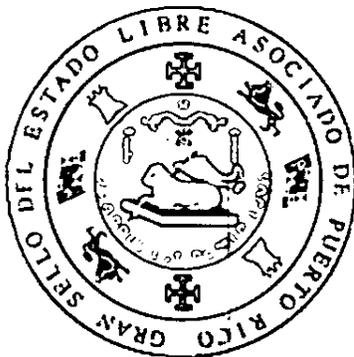


## CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico.

**CERTIFY:** That according to our records **COQUI HOLDINGS CRL**, with registration number **404347**, is a domestic for profit limited liability company organized on **February 1, 2018**.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **June 1, 2023**.

**Omar J. Marrero Díaz**  
Secretary of State

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To validate this certificate go to: <https://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 31-May-2024.

Certificate Validation Number: **555935-71463579**