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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000209024 3)))



H230002090243ABCW

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To:

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

111449- LR

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (786)437-4609

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

Email Address: LROSS@FOWLER-WHITE.COM

RECEIVED

2023 JUN -9 PM 1:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
DRIVERDO LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN -9 PM 3:49

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AUDIT NO. H23000209024 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. DRIVERDO 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. KANSAS
(Jurisdiction under the law of which foreign limited liability company is organized)3.
(FEI number, if applicable)

Upon issuance of certificate of authority to transact business in Florida

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5.
(Street Address of Principal Office)6.
(Mailing Address)

1395 Brickell Avenue, 14 Floor

1395 Brickell Avenue, 14 Floor

Miami, Florida 33131

Miami, Florida 33131

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

Name: Fowler White Burnett c/o Laura Ross

Office Address: 1395 Brickell Avenue, 14 Floor

Miami 33131
(City) , Florida (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.

Laura Ross

(Registered agent's signature)

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TALLAHASSEE, FL

AUDIT NO. H23000209024 3

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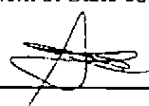
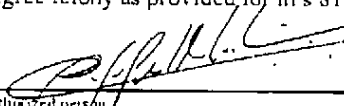
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Arthur Schunck Sindoni	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1395 Brickell Ave, 14 Floor	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Miami, FL 33131	<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: Rafael Pagliuso De Andrade	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 1395 Brickell Ave, 14 Floor	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Miami, FL 33131	<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 605.0203 (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 authorized person	_____ Signature of authorized person
Arthur Schunck Sindoni	Rafael Pagliuso De Andrade
_____ Typed or printed name of signer	_____ Typed or printed name of signer

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6994305

Entity Name: DRIVERDO LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on August 23, 2013, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 03, 2023

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1263374 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.